NO. OF COPIES RECEIVED		21		
DISTRIBUTION				
SANTA FE				
FILE			V	
U.S.G.S.			i +	
LAND OFFICE			İ	
TRANSPORTER	OIL		· 	
	GAS	1	:	
OPERATOR				
PRORATION OFFICE				
Operator				

Form C-104

-	SANTA FE /	1	OR ALLOWABLE	Supersedes Old C-104 and C-110				
r	FILE I V		AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS				
	LAND OFFICE	<u> </u>						
	TRANSPORTER OIL							
$\vdash$	OPERATOR /	-						
ī	PRORATION OFFICE							
	Sperator							
-	Blackwood & Nicl	Blackwood & Nichols Company						
	P. O. Box 1237.	Durango, Colorado 81301						
	Reason(s) for filing (Check proper box		Other (Please explain)					
	New Well	Change in Transporter of:  Oil Dry Gas						
	Recompletion  Change in Ownership	Casinghead Gas Condens	ate					
L								
	f change of ownership give name and address of previous owner							
(T 1	DESCRIPTION OF WELL AND	LEASE						
	Lease Na; ie	Well No. Poor Name	e, Including Formation	Kind of Lease State, Reduce Co.				
	Northeast Blanco Uni	t 14 Blas	nco Mesaverde	Star ASSACLA				
	Location Unit Letter <b>G</b> ; <b>17</b>	50 Feet From The North Line	and <b>1750</b> Feet From '	The Fast				
	Unit Letter;;							
	Line of Section 2 , To	wnship 30N Range	TW , NMPM, Ric	Arriba County				
Ι. Ι	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S	I di tamén la cara				
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)				
ļ	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro	ved copy of this form is to be sent)				
	El Paso Natural Gas			ington, New Mexico				
}	If well produces oil or liquids,	Unit Sec. Twp. Rge.		en				
	give location of tanks.		Yes	7-16-66				
	If this production is commingled w	ith that from any other lease or pool, g	give commingling order number:	None				
<b>V</b> .	COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Completi	, , <u>, , , , , , , , , , , , , , , , , </u>	X	<b>X</b>				
	Date Space Respudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. <b>5699</b>				
	7-5-66	7-16-66  Name of Producing Formation	<b>5775</b> 1 Top <b>(DX</b> /Gas Pay	Tubing Depth				
	Blanco Mesaverde	Mesaverde Zone	51641	56301				
	Perforations Cliffhouse 51		Lookout 55701 - 56921	Depth Casing Shoe				
		2661 - 54981		56991				
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE  10 3/4" - 32.75#	2261	200 Ideal				
	121/4"	7" 20 and 23#	52161	182 - 4% Gel				
	8 3/4" 6 1/4"	4 <sup>1</sup> /2" 10,50#	56991	475 Class C				
		2 3/8" 4.7#	56301					
v.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be af	ter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-				
	OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)				
	Date ( libt from our reserve		OFIL.					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Total	Oil-Bbls.	Water-Bbls.	GGS-MCF				
	Actual Prod. During Test	OII-Bbis.	1 1100					
			1.500	<b>.</b>				
	GAS WELL		OIL CON. CO Bbls. Condensate/MMDIST. 3	Aravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bots. Condensate MMD131. 3	And viry of condensate				
	Testing Method (2006, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
	AP = 7988	190	813	3/4"				
VI.	CERTIFICATE OF COMPLIA		OIL CONSERV	ATION COMMISSION				
			APPROVED AUG _ 9 1966					
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		BY Original Signed by Emery C. Arnold					
	above is true and complete to the	he best of my knowledge and belief.	TITLESUPERVISOR DIST. #3					
	. • •							
	Original frame		i e	compliance with RULE 1104.				
	1 2 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Delasso Loos	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation					
		anature)	well, this form must be accomp	anied by a tabulation of the deviation				

Field Superintendent

(Date)

August 9, 1966

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.