1	NO. OF COPIES RECEIVED						
	DISTRIBUTION						
	SANTA FE						
1	FILE				r		
	U.S.G.S.						
	LAND OFFICE						
	IRANSPORTER	OIL	/_				
		GAS	1	ļ	ļ		
	OPERATOR			<u> </u>			
	PRORATION OFFICE			L	L		
	Operator						
	Blackwood & Nich						
	Address						
	P.O. Box 1237,						
	Reason(s) for filing (Check proper box)						
	New Well XX						
	Recompletion						
	Change in Ownership						

	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104				
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104						
	FILE //		AND Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	CAS				
	LAND OFFICE	_ AOTHORIZATION TO TRE	AND WATERAL	- GAS				
	OIL /	7						
	TRANSPORTER GAS /							
	OPERATOR /	7						
	PRORATION OFFICE	· ·						
٨.	Operator							
1	Blackwood & Ni	ichols Co., Ltd.						
	Address							
	P.O. Box 1237, Durango, Colorado 81301							
	Reason(s) for filing (Check proper bo		Other (Please explain)					
	New Well XX	Change in Transporter of:						
	Recompletion	Oil Dry G	as [					
	Change in Ownership	Casinghead Gas Conde	<b> </b>					
	Change in Ownership	Cashigheda Gas [						
	If change of ownership give name							
	and address of previous owner							
H.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation   Kind of Le	ase Lease No.				
	1		Same 5-4					
	Northeast Blanco Uni	t   27A   Blanco Mes	averde State, Fede	Federal SF079042				
	Location							
	Unit Letter P; 1	190 Feet From The South Lin	ne and 990 Feet Fro	m The <u>East</u>				
	Line of Section 8 To	ownship 30N Range	7W , NMPM, Ric	o Arriba County				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA						
	Name of Authorized Transporter of Of	11 🗶 or Condensate 🗌	Address (Give address to which app	proved copy of this form is to be sent)				
	Inland Corporation		P. O. Box 1528 Far	mington, New Mexico				
	Name of Authorized Transporter of Co	asinghead Gas or Dry GasXX	Address (Give address to which app	proved copy of this form is to be sent)				
	El Paso Natural Gas	Company	P.O. Box 990 Farmin	ngton. New Mexico				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		When				
	give location of tanks.		No !					
	Test in a district in a manifest of m	ith that from any other lease or pool,	give commingling order number:					
īv	COMPLETION DATA	ith that hom any other rease or poor,	give comminging order number.					
. · ·		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Completi	ion - (X)	х					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	1	7-19-78	5850	5805'				
	T-15-78 Elevations (DF, RKB, RT, GR, etc.)		Top & Gas Pay	Tubing Depth				
	6258' GL	Mesaverde	5060'	5771'				
		Perforations		Depth Casing Shoe				
	5060' - 5260' 24 ho	oles 5406' - 5766' 36	hatas	5847'				
	TUBING, CASING, AND CEMENTING RECORD							
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 1/4"	9 5/8"	2221	200				
		9 3/8	<del></del>	300				
	8 3/4"		3512'					
	6 1/4"	4 1/2"	3350' - 5847'	300				
V.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o epth or be for full 24 hours)	il 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	lift. etc.)				
	Edie First New Oil Nuil 10 Tunks	Batto 01 1021						
	Table of Table	Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test	I doming Freesame		1 / 12 10 10 10				
	To the Total	Oil-Bbls.	Water - Bbls.	Gas-MCF				
	Actual Prod. During Test	, Cir-Bbie.						
	l	<u> </u>	<u> </u>					
	GAS WELL		Tall 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Gravity of Sandensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gondenadte				
	Q=2884 MCF	3 hours		Chaha Si				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Back Pressure	620 PSI	620 PSI	3/4"				
VI.	CERTIFICATE OF COMPLIANCE			ATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED					
	Commission have been complied	with and that the information given	II UPDANA JAMES	Property of the second				
	above is true and complete to th	e best of my knowledge and belief.	BY					
			TITLE DEPUTY OF	<u></u>				
	()		1					
1				n compliance with RULE 1104.				
X	ted asso tous	DeLasso Loos	If this is a request for all	owable for a newly drilled or deepened panied by a tabulation of the deviation				
_	· -	nature)	well, this form must be accome tests taken on the well in accome	cordance with RULE 111.				
	District Manag		All sections of this form	must be filled out completely for allow-				
	(T	itle)	able on new and recompleted	wells.				

8-25-78

(Date)

sble on new and recompleted wells.

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