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FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
Blackwood &	Nicho	10	Co

Form C-104 Supersedes Old C-104 and C-1,

NEW MEXICO OIL CONSERVATION COMMISSION. REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 1985 ls Co., Ltd. CON. COM. P. O. Box 1237, Durango, Colorado 81301 DIST. 3 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: XRecompletion Oil Dry Gas Change in Ownership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Federal 27A SF 079042 Northeast Blanco Unit Blanco Mesaverde 1190 Feet From The South Line and 990 ___Feet From The ___East Township 30N Range 7W , NMPM, Rio Arriba County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X or Condensate P. O. Box 9156, Phoenix, Arizona 85068

Address (Give address to which approved copy of this form is to be sent) Giant Industries Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 El Paso Natural Gas Company P. O. Box 990, Farmington, New Mexico 87401 Twp. P.ge. If well produces oil or liquids, give location of tanks Yes February 2, 1979 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Gas Well. New Well Oll Well Workover Plug Back | Same Res'v. Diff. Res'v. Deepen Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Water - Bbls. Gas - MCF Actual Prod. During Test Oil-Bble. GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensote/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION Oved JUL. 06 1982
Original Signed by CHARLES GHOLSON APPROVED TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 This form is to be filed in compliance with RULE 1104. DeLasso Loos If this is a request for allowable for a newly drilled or despened 000 well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signorwe)

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

District Manager

(Date)

JUL 1

1982

(Title)

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

Fill cut only Sections I, II, III, and VI for changes of ewner, well name or number, or transporten or other such change of condition