	NO. OF COMIES RECEIVED				_			
Γ	DISTRIBUTION				NEW ME			
5	ANTA FE		1					
-	ILE							
T	J.S.G.S.		İ		AUTHORIZATI			
	LAND OFFICE							
	RANSPORTER	OIL	1]			
		GAS	1					
	OPERATOR		1]			
Г	PRORATION OFFICE							
	Blackwood & Nichols Co., Ltd. Address							
	P.O. 1				Durango, Colora			
R	Reason(s) for filing (Check proper box)							
18	New Well				Change in Transpor			
F	Recompletion				011			
١.	Change in Ownership				Casinghead Gas			

10-10-78

EXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REGUEST FOR ALLOHABLE							
	FILE	S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPURT OIL AND NATURAL (3A\$					
	TRANSPORTER OIL /]							
	GAS /	GAS /							
	OPERATOR /	4		•					
I.	PRORATION OFFICE Operator			1					
	Blackwood & Nich	Blackwood & Nichols Co., Ltd.							
	ddress								
	P.O. 1237								
	Reason(s) for filing (Check proper bo.								
	Recompletion	Change in Transporter of: Oil Dry Go	ıs 🗌						
	Change in Ownership	Casinghead Gas Conde	nsate						
	If change of ownership give name								
	and address of previous owner								
H.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name	Well No. Pool Name, Including F							
	Northeast Blanco Unit	16A Blanco Mesave	erde State, Federo	Federal SF079001					
	Location	450 Feet From The South Lir	. 1450	_{The} East					
	Unit Letter;;	Feet From The Boats Lir	ne and 1430 Feet rom	Ine					
	Line of Section 3	ownship 30N Range 7	W , NMPM,	Rio Arriba County					
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)					
	Indland Corporation		P.O. Box 1528 Fa	armington, New Mexico 8740					
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Gas Co			gton, New Mexico 87401					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When						
			No No						
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give comminging order number.						
	Designate Type of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.					
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.					
	9-16-78	10-1-78	59501	5908'					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top 数据/Gas Pay	Tubing Depth					
	6316' GL	Mesaverde	5116'	5823 Depth Casing Shoe					
	Perforations 5116'-5430' sixty	holes 5476' - 5844'	forty-eight holog	5950°					
	3110 - 3430 SIXLY	TUBING, CASING, AN	D CEMENTING RECORD	37,777					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	12 1/4"	9 5/8"	223'	175 sacks					
	8 3/4" 6 1/4"	4 1/2"	3578' 3404' - 5950' Liner	300 sacks 300 sacks					
	0 1/4	7 1/2	3404 3930 EIREI						
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-					
• •	OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas l						
	Date First New Oil Run To Tanks Date of Test		Producing Method (1 102) Pamp, 221	THE POST OF THE PARTY OF THE PA					
	Length of Test	Tubing Pressure	Casing Pressure	That's be					
			1323	Gas - MCR)					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	COW.					
			<u> </u>	2 20 3					
	GAS WELL								
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Q=2543	3 Hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	Testing Method (pitot, back pr.) Back pr.	565	565	3/4"					
w	CERTIFICATE OF COMPLIAN		OU CONSERV	ATION COMMISSION					
₹1.	CERTIFICATE OF COMPEIA		nct.	1 3 1079					
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED Original Signed by A. R. Kendrick						
	Commission have been complied above is true and complete to the	with and that the information given ne best of my knowledge and belief.	BY	SUPERVISCE Le					
			TITLE						
	\sim \sim \sim	()		compliance with RULE 1104.					
\	1 Xan	DeLasso Loos		mable for a newly drilled or deepened					
	(Sig	natwe)	well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the deviation					
	District Mana		All sections of this form m	ust be filled out completely for allow-					
	(1	Title)	able on new and recompleted wells.						

All sections of this form must be filled out completely for allowable 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.