NO. OF COPIES RECEIVED		15	5		
DISTRIBUTION					
SANTA FE		1			
FILE		17			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	$I_{\ell}$			
OPERATOR		$I_i$			
PRORATION OFFICE					

## NEW MEXICO OIL CONSERVATION COMMISSION

- 1	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old Effective 1-1-6	l C-104 and C-110 S	
}	FILE		AND				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL GA	45		
	OIL /	1					
	TRANSPORTER GAS /	1					
	OPERATOR /	1					
t.	PRORATION OFFICE						
	Operator						
	Blackwood & Nichols Co., Ltd.						
	P. O. Box 1237, Durango, Colorado 81301						
	Reason(s) for filing (Check proper box)		Other (Please	explain)			
	New Well XX Change in Transporter of:						
	Recompletion	Oil Dry Go	ıs 🔲				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name and address of previous owner				· · · · · · · · · · · · · · · · · · ·		
II.	I. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Federal					Lease No.	
	Northeast Blanco Unit			Same Padaral a		SF079001	
	Location	OII DIGITED TIESAV	<u> </u>	<u></u>			
		20 Feet From The North Lir	ne and 1190	Feet From Ti	he West		
						j	
	Line of Section 10 Tov	waship 30N Range	7W , NMPM	, Rio	Arriba	County	
			• •				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address	to which approve	ed copy of this form is a	to be sent)	
	Inland Corporation				ton, New Mexic		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀	Address (Give address				
	El Paso Natural Ga		P. O. Box 990	, Farming	ton, New Mexic	o 87401	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect				
	give location of tanks.	1	No				
	If this production is commingled wi	th that from any other lease or pool,	give commingling orde	r number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	s'v. Diff. Res'v.	
	Designate Type of Completic		X	r i			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	8-31-78	9-10-78	5925'		5880 <b>'</b>		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	TopXXXX/Gas Pay		Tubing Depth		
	6329' GL	Mesaverde	5110'		5747 Depth Casing Shoe		
	Perforations						
	5110' - 5310 - 36	holes, 5456' - 5754' -	- 60 holes		3923		
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEM					MENT		
	12 1/4"	9 5/8"	233'		175 sacks		
	8 3/4"	7"	3561'		300 sacks		
	6 1/4"	4 1/2"	3411' - 592	23' Liner	300 sacks		
					<u> </u>		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total vol: lepth or be for full 24 hour	ume of load oil a s)	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.)							
	Determine our riving to remain						
	Length of Test	Tubing Pressure	. Casing Pressure		Choke Size	1 8/20	
					Gas-MCF	312 W. 1	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.		100 CS	× 0 1	
					1 - <del>6</del> %;	3 Ex. 1	
					101	DIS 1	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate		
	Q = 2049 MCF	3 hours					
	Testing Method (printy back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
	back pr.	500	500		3/4"		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVA	TION COMMISSIO	N	
			۹ ۹	APPROVED SEP 25 1978			
	I hereby certify that the rules and	APPROVED					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Original Sig	Tued by #.	are moraue again		
	above is true and complete to the best of my knowledge and belief.						
This form is to be filed in compliance					<b>-</b>		
				and the state of t			
i			to the farm must be accompanied by a tabulation of the deviation				
tests taken on the well in accordance with NULE 111						11.	
	DISCILCE	All sections of this form must be filled out completely for allow-					

(Title)

9-18-78

All sections of this form must be litted out completely for shows able 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.