HO. OF COPIES REC	EIVED	Ī	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	T	
OPERATOR			
PROBATION OFFICE		Ţ	,

District Manager (Title)

> 3-23-81 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND ALITHOPIZATION TO TRANSPOR

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
OIL	4				
TRANSPORTER GAS	1				
OPERATOR	· ·				
PROBATION OFFICE	7				
Operator					
Blackwood & Nichols	Co., Ltd.				
P. O. Box 1237, Dura	<del>-</del> -				
Reason(s) for filing (Check proper box	)	Other (Please explain)			
New Well	Change in Transporter of:		1		
Recompletion	Oil Dry Go	is			
Change in Ownership	Casinghead Gas Conde	nsate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE	Vied of Loop			
Lease Name	Well No. Pool Name, Including F	State Fader	Federal		
Northeast Blanco Unit	13A   Blanco Mesa	verde State, reserv	or Fee SF079060		
Unit Letter C; 117	70 Feet From The North Lin	ne and 2260 Feet From	The West		
Line of Section 20 Tox	wnship 30N Range	7W , ммрм, San .	Juan County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of Oil		Address (Give address to which appro	oved copy of this form is to be sent)		
Inland Corporation		P.O. Box 1528, Farming	gton, New Mexico 87401		
Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co		P.O. Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When No	en		
	th that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Completion	$\operatorname{cn} = (X)$	x			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
11-24-80	2-28-81	5890	5823		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top QH/Gas Pay	Tubing Depth		
6331' GL	Mesaverde	5104	5463		
Perforations			Depth Casing Shoe		
5104 - 5154;	5464 - 5572		5890		
	T	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12 1/4"	9 5/8"	212'	250 Sacks 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
8 3/4"	<del> </del>	3554'	300 Sacks		
6 1/4"	4.50	3387 - 5890	MAR 2 6 1001		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil	and open be could to or exceed top allow-		
OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas la			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Q = 2475	3 hrs.				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
back pr.	665	665	3/4"		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		
Commission have been complied v	regulations of the Oil Conservation with and that the information given	Original Signed by FRAN	19		
above is true and complete to the	e best of my knowledge and belief.	SUPERVISAN NISTRICT % 3			
$ \rightarrow                                   $	$\bigcirc$ /	11112			
DeLasso Loos		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
(Signal		I wall this form must be accompa	ment this form must be accompanied by a tabulation of the deviation		
[Unground)		tests taken on the well in acco	rdance with RULE 111.		

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.