		 !		
DISTRIBUTION			Ī	
SANTA FE				
FILE				
u.s.g.s.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
Blackwood & Nichols				
Address				
P. O. Bo				
Reason(s) for filing (Check proper box)				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104			
Supersedes	Old C-104	and	C-1
F44			

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Ellective 1-1-65			
	U.S.G.S.	ALITHOPIZATION TO TR	AND ANSPORT OIL AND NATURA				
	LAND OFFICE	AUTHORIZATION TO TRA	ANSFORT OIL AND NATURA	L GAS			
	TRANSPORTER OIL	4	•				
	OPERATOR GAS	-					
I.	PRORATION OFFICE	<u> </u>		•			
	Operator Ricalgrand & Nicho	la Ca Ital					
	Blackwood & Nichols Co., Ltd.						
	P. O. Box 1237,						
	Reason(s) for filing (Check proper bo	•	Other (Please explain)	-			
	Recompletion	Change in Transporter of: Oil Dry Go	as T				
	Change in Ownership	Casinghead Gas Conde	nsate 🗌				
	If change of ownership give name						
	and address of previous owner						
Ħ.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F	La	Lease No.			
	Northeast Blanco Unit	24R Blanco Mesav	verde	NM013706			
	Unit Letter 0 ; 760	Feet From The South Lin	ne and 2240 Feet Fro	om The East			
	17	201					
	Line of Section 17 To	wnship 30N Range	7W , NMPM,	San Juan County			
IJ.		TER OF OIL AND NATURAL GA	· · · · · · · · · · · · · · · · · · ·				
	Name of Authorized Transporter of Of	1 🗙 or Condensate		proved copy of this form is to be sent)			
	Inland Corporation Name of Authorized Transporter of Ca	ssinghead Gas or Dry Gas X	P. O. Box 1528 Farm Address (Give address to which ap	ington, New Mexico 87401 proved copy of this form is to be sent)			
	El Paso Natural Gas Co	ompany	P. O. Box 990, Farm	ington, New Mexico 87401			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected?	When			
	give location of tanks.		No .	· · · · · · · · · · · · · · · · · · ·			
	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:				
	Designate Type of Completi	on - (X) Gas Well y	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	11-15-80	7-30-81	5935'	5650			
	Elevations (DF, RKB, RT, GR, etc.) 6269 GL		Top 2001/Gas Pay 5412	Tubing Depth			
	Perforations	Mesaverde	J412	5565 Depth Casing Shoe			
	5412' - 5584'	5412' - 5584' - 40 holes 5857'					
		T	D CEMENTING RECORD DEPTH SET	SACKS CEMENT			
	12 1/4"	• 9 5/8"	218'	250 sacks			
	8 3/4"	7"	3417'	350 sacks			
	6 1/4"	4.5	2935 - 5857 liner	350 sacks			
v	TEST DATA AND PROJEST F	OR ALLOWARIE (Test must be a	fter recovery of total valume of land of	oil and must be equal to or exceed top allow-			
٧.	OIL WELL	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressy	Choke Size			
			Water - Byle. Akad L	Ggs-MCF			
	Actual Prod. During Test	Oil-Bbls.	water-Balls & English and and and	Gas-wer			
ł			AUG 7 - 1981				
,	GAS WELL		OIL CON COM.				
}	Actual Prod. Test-MCF/D Q = 2621	Length of Test 3 hrs.	Bbls. Condensate ANGF. 3	Gravity of Condensate			
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
Į	back pr.	520	545	3/4"			
Ί.	CERTIFICATE OF COMPLIAN	C E	OIL CONSER	VATION COMMISSION			
,	t hanks consider that the rules and	regulations of the Oil Conservation	OCT 18 1981				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		11					
•	above in true and complete to the	Beat of my knowledge and belief.	DISTRIBUTION DISTR				
	$\overline{}$)	TITLE				
DeLasso Loos (Signature)			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
						-	District
	(Tii		able on new and recompleted	wells. II. III, and VI for changes of caner,			
-	8-6-	81	Fill out only Sections I, well name or number, or trinks	rer, or other such obserge of a mistion-			