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OPERATOR	1				
PRORATION OF					

Blackwood & Nichola Company    P. O. Box 1327, Purengo, Colorado 81301   Research of this (clear appear box)   New West   Company   Colorado	1.	SANTA FE / / L. U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Operator	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS FORTER OIL / GAS /								Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
Received   Set Dillag   Charge proper bay		l '	s Comman	nv									
Research   Secretary   Compage in Tromsporter of Day One   Contemporter of Day One   Contempor		Address									· <u>·</u> · · · · · · ·		
Recognition   Consequence		P. O. Box 1237. De Reason(s) for filing (Check proper box	urango,	Colora	do 81	1301		Other (Please	explain)				
Change in Ownership give name and address of previous contents		New We!1		e in Transp	orter of	i:							
If change of covarishing give name and offeres of previous owners.  II. DESCRIPTION OF WELL AND LEASE    Wortheast Blanco Unit   31   Blanco Measured   State, Peacets or Pre Rederal   0.790				ahead Gas	H	-	——————————————————————————————————————						
DESCRIPTION OF WELL AND LEASE   Large Nume   Will No.   Pand Nume, Including Formation   Not Losse   Restar   Panderal   D790   Restar		If change of ownership give name					<b>(A_</b> )						
Northeast Blanco Unit   31   Blanco Menaverde   Biolar, Federal of Fear Folderal   0790   Line and Levities   N   720   Feat From The   S   Line and   700   Feat From The   N	II.	DESCRIPTION OF WELL AND		No Dool N	Irma In	eluding E	ormation		Vind of Lease				
Continued   Cont				[	•	-					Rederal	079042	
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nonce of Authorized Transporter of Coll or Condensets Tell of the Coll of Condensets Tell of Tell of Tell of Coll of Tell of T			<u> </u>		MTGHA	O Mega	346106				redelar	1 0/30-72	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Rose of Authorized Transporter of Oil   of Condensete		Unit Letter N; 7:	70 Feet	From The_	<u> </u>	Lin	e and	700	_ Feet From 7	The	<b>1</b>		
Name of Authorised Transported COU		Line of Section 7 Tov	vnship 30	)N	R	ange	7W	, NMPM,	- <u></u>	San J	hian	County	
Name of Authorised Transported COU	111	DESIGNATION OF TRANSPORT	red oe o	II AND	NATU	DAT GA	e						
Name of Authorized Transporter of Cosungheed Case						IAL GA		Give address t	o which approv	ved copy	of this form is t	o be sent)	
EI Paso Natural Gas Company  If well produces oil or liquids, give location of trans.  N 7 30N 7H Yea  If his production is comminged with that from any other lease or pool, give comminging order number:  IV. COMPLETION DATA  Designate Type of Completion – (X)  Date Spudded  Date Compl. Reedy to Prod.  Elevations (DF, RKB, RT, GR, etc.,)  Name of Production Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  OEPTH SET  SACKS CEMENT  TUBING CASING, AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  OEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  Tubing Pressure  Casing Pressure  Challey pump, gas lift, etc.)  AUG 1 9 1969  Length of Test  Tubing Pressure  Challey pump, gas lift, etc.)  AUG 19 1969  Casing Pressure  Challey pump, gas lift, etc.)  Gas WELL  Actual Prod. During Test  Oil-Shia.  Wotter-Bhia.  Gas WELL  Actual Prod., Test-MCF/O  Length of Test  Testing Method (picot, back pr.)  Tubing Pressure (Shat-ia)  Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Field Superintendent  (Title)  Suptemisson Dist.  (Title)  Suptemisson of the subdiction of the device of the well is accompanied by a tabulation of the device is true and complete to the best of my knowledge and belief.  Field Superintendent  (Title)  Suptemisson of the subdiction of the device is true 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.  Field Superintendent  (Title)  Suptemisson of the field of completing to complete to the best of my knowledge and belief.  Fill out only Sections I, III, III, and VI for changes of on well and the well is accompanied by a tabulation of the device of the subdiction of the device of the subdiction of the device of the subdiction of the sevent of the subdiction of the sevent of the subdiction of the sevent o		Inland Corporation	singhead Gas	s Or	Dry Gas	: TP:	P.O.	Box 1528,	Farming	gton,	ston, New Mexico 87401		
If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion – (X)  P.B.T.D.  P.B.T.D.  P.B.T.D.  Despit Costing Stoce  Plug Book State Restry, Dill, J.  P.B.T.D.  Despit Costing Stoce  Post Type Type Type Type Type Type Type Type					21, 040	- <u>CC</u>						•	
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)  Designate Ty		If well produces oil or liquids,		Sec. T				ually connecte					
Designate Type of Completion — (X)  Date Spudded  Date Spudded  Elevations (DF, RKB, RT, CR, etc.)  Name of Producting Formation  Top Oil/Gas Pay  Tubing Depth  Tubing Depth  Tubing Depth  Tubing CASING, AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Testing Method (pucit, back pr.)  Tubing Pressure (shut-in)  The Productions of the Complete with and that the information given shows is true and complete to the best of my knowledge and bellef.  Place on the West of the SuperIntendent  (Signature)  Place of Complete SuperIntendent  (Title)  September 1, 1969  (Date)  Fill out only Sections the filled in completance of the August Intense of number, or transporter, or transporter, or transporter, or transporter, or transporter, or transporter, or other such change of cond Separate Forms. C.104 Int. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. and VI for changes of cond Separate Forms. C.104 III. III. III. III. III. III. III. II			N i				give comm		number:				
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V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Oil CON. COM.  Actual Prod. During Test  ACTUAL Prod. Test-MCF/D  Length of Test  Producing Method (Flow, pump, gas lift, etc.)  ACTUAL Prod. During Test  Casing Pressure  Choke Size  Choke Size  Oil CON. COM.  DIST. 3   Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Coasing Pressure (Shut-in)  Coasing Pressure (Shut-in)  Coasing Pressure (Shut-in)  Choke Size  Oil CONSERVATION COMMISSION  APPROVED  AUG 1, 9,91969  Driginal Signed by Emery C. Arnold  TITLE  SUPERVISOR DIST. #5  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deep with the form must be accompanied by a tabulation of the devices taken on the well in accordance with RULE 1104.  September 1, 1969  (Date)  DELIBRO LOGS  (Fill out of this form must be filled out completely for a sole on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such changes of convenience of the such changes of convenience with a separate property or such changes of convenience with a separate property or such changes of convenience with a such change of convenience property in the fill of the each pool in must be filled of each pool in must be filled or each pool in must be supplied to the fill of the each pool in must be filled or		Perforations								Depth C	Casing Shoe		
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GAS WELL  Actual Prod. During Test  Oil-Bbis.  Water-Bbis.  Gas-MCF  DIST. 3  Gas-MCF  Gas-MCF  Condensate/MMCF  Gas-MCF  Gas-MCF  Gas-MCF  Condensate/MMCF  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  APPROVED  APPROVED  This form is to be filled in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accompanied by a tabulation of the devi tests taken on the well in accompanied by a tabulation of the devi tests taken on the well in accompanied by a tabulation of the devi tests taken on the well in accompanied by a tabulation of the devi tests taken on the well in accompanied by a tabulation of the devi tests taken		Date First New Oil Hun To Tanks	Date of 1s	at.			Producing	Method (Fibe	, pump, gas tij	1, 610.)	AUG 1	9 1969	
Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  Tubing Pressure (shut-in)  Casing Pressure (shut-in)  Casing Pressure (shut-in)  Casing Pressure (shut-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  AUG 1 91969  By Original Signed by Emery C. Arnold  TITLE  SUPERVISOR DIST. #5  This form is to be filed in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or despendent (Title)  September 1, 1969  (Date)  Fill out only Sections I. II. III., and VI for changes of owell name or number, or transporter, or other such change of companion of the property of the sections of the filed for each pool in multiple or sections.  Separate Forms C-104 must be filed for each pool in multiple or despendent on the well and or other such change of companion of the sections of the form of the such change of companion of the sections of the form of the sections of the form of the such change of companion of the sections of the form		Length of Test	Tubing Pre	esure			Casing Pr	essure		Choke	OIL CON	i. com.	
Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Cosing Pressure (shut-in)  Choke Size  Close Size  AUG 1, 9,91969  Delasso Loos  Supervisor Dist. #5  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devitests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for a able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owell name or number, or transporter, or other such change of cond Separate Forms C-104 must be filed for each pool in must be filed for ea		Actual Prod. During Test	Oil-Bbls.		_	· · · · ·	Water - Bb	ls.		Gas - M			
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VI. CERTIFICATE OF COMPLIANCE  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.    Delasso Loos			Length of	Test			Bbls. Con	densate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity	of Condensate		
VI. CERTIFICATE OF COMPLIANCE  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.    Delasso Loos		Testing Mathed (nited back ps.)	Tuhing Pra	anura ( Shor	+-(n)		Casina Pr	essure / Shut-	inl	Choke 5	Size		
APPROVED  AUG 1,9191969  AUG 1,9191969  BY Original Signed by Emery C. Arnoid  TITLE  SUPERVISOR DIST. #3  This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devitests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for a able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owell name or number, or transporter, or other such change of cond Separate Forms C-104 must be filed for each pool in mus		reating Method (phot, out a pro)	Tubing Fie	and ( Str	ic-in j		Cusing	00000 ( 0000		0			
Thereby 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.    Delasso Loos	VI.	CERTIFICATE OF COMPLIANCE	C <b>E</b>				OIL CONSERVATION COMMISSION						
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Delasso Los		I hereby certify that the rules and regulations of the Oil Conservation				APPROVED AUG 1,91969							
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