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-	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110	
-	SANTA FE	REQUEST	REQUEST FOR ALLOWABLE		
}	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		CAS	
	LAND OFFICE			GAS	
	OIL /				
	TRANSPORTER GAS /				
}	OPERATOR /				
1.	PRORATION OFFICE				
	BLACKWOOD & NICHOLS CO., LTD.				
ł	Address				
	P. O. Box 1237, Durang				
Ī	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	OII Dry Gas	<b>=</b>		
l	Change in Ownership	Casinghead Gas Conden	sate []		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fo	rmation Kind of Leas	se Lease No.	
	Northeast Blanco Unit	36A Blanco Mesas	State: Feder	ol or Xxx Federal SF 078581	
	Location		·	,	
	Unit Letter 0; 119	Unit Letter 0; 1190' Feet From The South Line and 1830' Feet From The East			
	Line of Section 1 Township 30N Range 8W , NMPM, San Juan County				
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
	Inland Corporation		P.O. Box 1528, Farmin	gton, New Mexico 87401	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🕱	Address (Give address to which appr	oved copy of this form is to be sent)	
	El Paso Natural Gas		P.O. Box 990, Farming	ton, New Mexico 87401	
	El raso Nacarar das	Unit Sec. Twp. Rge.	Is gas actually connected?	hen	
	If well produces oil or liquids, give location of tanks.		No		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completic		x		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3-22-78	5-16-78	5955 <b>'</b>	5915'	
	Elevations (DF, RKB, RT, GR, etc.)		Top OCX/Gas Pay	Tubing Depth	
	6348' GL	Mesaverde	5136'	5776'	
	Perforations			Depth Casing Shoe	
		holes 5508' - 5800' -	60 holes	5955 '	
	3130 3430 30	TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	9 5/8"	253 '	150 sacks	
	8 3/4"	7"	3595'	300 "	
	6 1/4"	4 1/2"	3379' - 5955' Liner	300 "	
		2 3/8"	5776'		
V.	TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to at exceed top allowable for this depth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Casing Front	1 ( Jan 4.3 1978 )	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gat - MCF	
				1 1 3	
	GAS WELL Actual Prod. Test-MCF/D	Langth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Not tested	Estimated Del.980 MCF			
	Testing Method (pitot, kox x xx)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Q=1215 MCF 525 PSI		530 PSI CONSERVATION COMMISSION		
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		11	, 19	
			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	by A. E. Kendrick	
	above is true and complete to the best of my knowledge and belief.		BY	A A A AVAILATION	
			TITLE		
	_ / ) / )	1	11	- compliance with Bull B 1104	
	111 -11	/	This form is to be filed in	n compliance with RULE 1104.	

District Manager

May 22, 1978

(Title)

(Date)

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.

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.