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SANTA FE			
FILE			
U.S.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

	SANTA FE		ONSERVATION COMM FOR ALLOWABLE	ISSION	Form C-104 Supersedes Old C-104 Effective 1	and C-116	
	FILE	AND Effective 1-1-65					
	U.S.G.\$.	AUTHORIZATION TO TRA	INSPORT OIL AND	NATURAL GAS			
	LAND OFFICE						
	TRANSPORTER OIL						
	GAS						
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
	Blackwood & Nichol	s Co., Ltd.					
	Address						
	P. O. Box 1237, Du	rango, Co. 81301					
	Reason(s) for filing (Check proper box)		Other (Please	e explain)			
	New Well X	Change in Transporter of:					
	Recompletion	Oil Dry Ga	, 🗇				
	Change in Ownership	Casinghead Gas Conden					
	Change in Ownership	Cds//ighted ods conser.			·		
	If change of ownership give name	•					
	and address of previous owner	·					
			,				
ij.	DESCRIPTION OF WELL AND			Kind of Lease			
	Lease Name	Well No. Pool Name, Including Fo				se No.	
	Northeast Blanco Unit	37A Blanco Mesav	verde	State, Federal or Fe	• Fee		
	Location						
	Unit Letter P 940	Feet From The South Lin	e and540	Feet From The	East		
	Line of Section 6 Tow	vaship 30N Range	7W , NMPM	, San Ju	an	County	
TTT	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address	to which approved cop	y of this form is to be se	nt)	
			P 0 Box 152	8 Farmington	Nov. Movino	27/01	
	Inland Corporation Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address	to which approved cop	New Mexico 8	nt)	
			†				
	Northwest Pipeline Co		P. O. Box 90, Is gas actually connect	farmington,	New Mexico 87	401	
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	No	1			
	give location of tanks.	<u>i </u>	NO	·			
	If this production is commingled wit	h that from any other lease or pool,	give commingling orde	r number:			
	COMPLETION DATA						
	Designate Type of Completio	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res'v. Dif	I. Res.v.	
	Designate Type of Completio		X		<u> </u>		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.		
	10-25-80	4-1-81	591	0	<u> 5775</u>		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XX /Gas Pay	Tubir	ng Depth		
	6313' GL	Mesaverde	5130		5498		
	Perforations			Dept!	h Casing Shoe		
	5130 - 5268 - C	liffhouse 5498 - 56	002 - Point Loo	kout	5910		
		TUBING, CASING, AND					
	HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT						
	12 1/4"	9 5/8"	212'		0 sacks		
		7"	3540'		0 sacks		
	8 3/4"		1				
	6 1/4"	4 1/2" Liner	3372 - 59	111 101	0 sacks		
		<u> </u>	<u> </u>				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volu pth or be for full 24 hour	ime of load oil and mu -1	st be equal to or exceed	top allow-	
	OIL WELL	aote jur this de	Producing Method (Flor				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (110)	υ, ραπ.ρ, ε ασ τησ, στου,		*	
				Chok	ie Size		
	Length of Test	Tubing Pressure	Casing Pressure	Chus	100	ί.	
					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	#	
į	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas.	-MCF		
,						ÿ	
	GAS WELL			<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Grav	ity of Condensate		
		3 hrs.					
	O = 2127 mcf/d Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Chok	e Size		
		620	620		3/4"		
	back pr.	<u> </u>	0	CONSERVATION			
VI.	CERTIFICATE OF COMPLIANCE	CE CONTRACTOR					
			APPROVED	APR 1 £ 19	<u>81 - , 19</u>		
	Thereby postify that the sules and regulations of the Oil Conservation is						
Commission have been complied with and that the information given if			Original Signed by FRANK T. CHAVEZ				
			SUPERVISOR DISTRICT # 3				
TITLE							
	This form is to be filed in compliance with RULE 1104.				•		
`	Dollarso Loos vestile to approach for allowable for a newly drilled or dee					icepened	
	(Signal		well, this form mus	well, this form must be accompanied by a tabulation of the deviation			

District Manager (Title)

4-15-81 (Date)

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.