DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	REQUEST	CONSERVATION COMMISSION I FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Elfective 1-1-65 GAS
OPERATOR I. PRORATION OFFICE	1		
Blackwood & Nichols	Co., Ltd.		AUG A
P. O. Box 1237, Dura Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain)	Olst. Som.
If change of ownership give name and address of previous owner			
	Well No. Pool Name, Including F 73 Blanco Mesave 50 Feet From The South Lin	erde Execu Federa	SF079003 The West
L. DESIGNATION OF TRANSPOR			
Giant, Industries Name of Authorized Transporter of Casinghead Gas or Dry Gas X Northwest Pipeline Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, Arizona 85068 Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, New Mexico 87401 Is gas actually connected? When	
give location of tanks.	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completion	on - (X) Gas Well-		Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-8-82 Elevations (DF, RKB, RT, GR, etc.) 6131' KB	7-28-82 Name of Producing Formation Mesaverde	5802' KB Top O!!/Gas Pay 4994'	5700' KB Tubing Depth 5568'
Perforations 4994' - 5190' Cliffhouse & Menefee 5290' - 5522' Point Lookout		D CEMENTING RECORD	Depth Casing Shoe 5800'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	• 9 5/8" H	372 322+ кв	300 sx. (360 cu.ft.)
8 3/4"	7" K 4 1/2" K	3376' KB 3158'-5800' liner	650 sx. (880 cu.ft.) 300 sx. (545 cu.ft.)
6 1/4"	$\frac{41/2}{2^{3/8}}$	5568	1 (343 Cu.11.)
TEST DATA AND REQUEST FO	able for this de		and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas in)	ι, ειτ.,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbla.	Water-Bble.	Gas-MCF
GAS WELL			`
Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Q = 1693 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	600 PSI	600 PSI	3/4"
CERTIFICATE OF COMPLIANO		9-3-83 APPROVED	17982 OMMISSION
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.		Original Signed by FRANK T. CHAVEZ	
		TITLESUPERVISOR DISTRICT # 3	
De Caro de De Lasso Loos		of this is a request for allow	ompliance with RULE 1104.
(Sinceryea)		well, this form must be accompar tests taken on the well in accom-	nied by a tabulation of the deviation

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill cut only Sections I, II, III, and VI for changes of ewner, well name or number, or transporter, or other such change of condition.

District Manager

8-4-82