| | A CO COLUMN STATE OF THE STATE | ר: | | | |
|--------------|--|---|---|--|--|
| | DISTRIBUTION | ┪ | | | |
| | SANTA FE | | CONSERVATION COMMISSION | Form C-104 | |
| | FILE | REQUEST | FOR ALLOWABLE AND | Supersedes Old C-104 and C-116 Effective 1-1-65 | |
| | U.S.G.S. | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL | CAS | |
| | LAND OFFICE | | ANSI GILI GIL AND HATORAL | GAS | |
| | IRANSPORTER OIL | | | | |
| | GAS | _ | | | |
| | GPERATOR / | _ | | | |
| 1. | PRORATION OFFICE Control Contr | | | | |
| | Blackwood & Nichols Co., Ltd. | | | | |
| | | P. O. Box 1237, Durango, Colorado 81301 | | | |
| | Reason(s) for filing (Check proper bo | | Other (Please explain) | | |
| | New Well Recompletion | Change in Transporter of: Oil Dry G | Blackwood & Nic | ~ 4 | |
| | Change in Ownership | Casinghead Gas Conde | F Didoniood a nic | nois co., Ltd. | |
| | If change of ownership give name | | | | |
| 71 | and address of previous owner DESCRIPTION OF WELL AND | | | | |
| -4. | Lease Name | Well No. Pool Name, Including F | | 2000 | |
| | Northeast Blanco Unit | 3X Blanco Mesaver | rde State, Feder | ral or Fee Federal 079042 | |
| | Location Unit Letter L ; | 1650 Feet From The S Li | ne and 1080 Feet From | The W | |
| | Line of Section 5 To | waship 30N Range | 7W , NMPM, San | Juan County | |
| II. | DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | | oved copy of this form is to be sent) | |
| | poland | | | | |
| | Name of Authorized Transporter of Co | | Address (Give address to which appr | oved copy of this form is to be sent) | |
| | Northwest Pipeline Con | | P. O. Box 90, Farm | mington, New Mex. 87401 | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Ege. | | hen | |
| | L' | | Yes | Dec. 13, 1954 | |
| | f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. | | | | |
| | Designate Type of Completi | on – (X) | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | | | | Tulda Dard | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| | Ferforation s | | | Depth Casing Shoe | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| | | | | + | |
| T/ | TECT DATA AND DECHEST E | OR ALLOWARIE (Test must be a | after recovery of total volume of load of | l and must be exact to at exceed top allow- | |
| ٧. | OII. WELL able for this depth or be for full 24 hours) | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Froducing Method (Flow, pump, gas | lift, etc.) | |
| | | Table Bases | Casing Pressure | Cipke Size | |
| | Length of Test | Tubing Pressure | Cusing Pressure | Choke Size 6 1977 | |
| | Actual Frod. During Test | Oil-Bbls. | Water-Bbls. | Gall-MCF Carly Section 1 | |
| | Actual Float Burning 1000 | , | | OIL CCT 3 | |
| | | | | | |
| | GAS WELL | | 1511 | | |
| | Actual Frod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| ĺ | resund Wathor (bunt) back his | . anny , .oosaa (ame-m | | | |
| <u>.</u> | CERTIFICATE OF COURTING | CF | OIL CONSERV | ATION COMMISSION | |
| 11. | 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 complets to the best of my knowledge and belief. | | | 1977 | |
| | | | APPROVED | 10// | |
| | | | ORIGINAL SIGHED BY NOR MAXWELL JR | | |
| | agore is the and complete to th | | Par-Oute distribution to 3 | | |
| | | | 11 TITLE A PARTY CONT. | · | |

De Lacro Jean (Signature)

District Manager

May 3, 1977

(Title)

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.

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.