HO OF CODIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	$\Gamma P$		
	GAS	$\prod_{-}$		
OPERATOR				
PRORATION OF	<u> </u>			
Operator				
Ricolarood & Nicho				

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE				REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-116	
FILE				AND	Effective 1-1-65	
U.S.G.S.		,		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE				,		
IRANSPORTER	OIL	P				
	GAS			API	30-045-23088	
OPERATOR		II		A L		
PRORATION OF	FICE					
Operator						
Black	d boow	N Y	icho	ls Co., Ltd.		

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER GAS				
	OPERATOR			API 30-045-23088	
,	PRORATION OFFICE	1		·	
1.	Operator				
Blackwood & Nichols Co., Ltd.					
	P. O. Box 1237.	Durango, Colorado 81	301		
	P. O. Box 1237, Reason(s) for filing (Check proper box,	Jurango, cororado or	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Go	as 🔼		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner		***		
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation Kind of L	ease Lease No.	
	Northeast Blanco Unit	3A Blanco Mesa	1	deral or Fee Federal SF079042	
	Location	JAN DIGITED TIESA	iverue	1000101 01075042	
	Unit Letter E; 165	50 Feet From The North Lin	ne and 990 Feet F	rom The West	
	Line of Section 5 Tov	waship 30N Range	7W , NMPM, San	Juan County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	<b>AS</b>		
••••	Name of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)	
	Inland Corporation		P. O. Box 1528, F	armington, New Mexico 87401 pproved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas		Address (Give address to which a	pproved copy of this form is to be sent)	
	Northwest Pipeline Corp			ngton, New Mexico 87401	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	when	
	give location of tanks.	i i	No No		
,	If this production is commingled with	th that from any other lease or pool,	give commingling order number:		
1¥.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Completion	on - (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11-2-78	7-17-79	5940'	5900 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XX/Gas Pay	}	
	6310' GL	Mesaverde	5116'	5444 Depth Casing Shoe	
	Perforations 5116' - 5380' Fifty-s	six holes 5458' - 5	794' Sixty holes	5940'	
	3110 3300 1122)		D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	- 9 5/8"	205'	150 sacks	
	8 3/4"	7"	3574	300 "	
	6 1/4"	4 1/2"	3400' - 5940' Liner	300 sacks	
		<u> </u>			
V.		OR ALLOWABLE (Test must be a able for this do	ifter recovery of total volume of load epth or be for full 24 hours)	loil and must be equal to or exceed top allow-	
	OIL WELL    Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Chpke Size	
		201 201	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbis.	Water-Boses		
	l				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	0 = 3341	Three hours			
	Q = 3341 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size	
	Back pr.	670	670	3/4"	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION				A CONTRACTOR OF SALES	
I hereby certify that the rules and regulations of the Oil Conservation Original Signed by A. R. Kendrick				2 7 1070, 19	
				y A. R. Kendrick	
	shove is true and complete to the	best of my knowledge and belief.	BY		
_	$\overline{}$		TITLE SUPERVISOR DIST	eict # 3	
	$\langle \cdot \rangle = \langle \cdot \rangle$	)	Н	in compliance with RULE 1104.	
	$(\star)$ . $(\star)$	D. J. D. J.	To this is a secure to the	sliggeble for a newly drilled or deepened	
	· Lisso J	DeLasso Loos	If this is a request for a	empanied by a tabulation of the deviation	

Defam	DeLasso Loos		
(Signature)			
District 1	Manager		
	(Title)		

(Date)

7-26-79

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.