	NO. OF COPIES RECEIVED	1			
	DISTRIBUTION	NEW MEYICO OU C	CONSERVATION COMMISSION	Form C-104	
	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE	REQUEST	AND	Effective 1-1-65	
			,=	10	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
	LAND OFFICE	1			
	IRANSPORTER OIL	-			
	GAS	1			
	OPERATOR				
I.	PRORATION OFFICE			·	
	Gperator Blackwood & Nichols (	Co., Ltd.			
	Address				
	P.O. Box 1237 Durango, Colorado 81301  Reason(s) for filing (Check proper box)  Other (Please explain)				
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Go	ıs 🗍		
	Change in Ownership	Casinghead Gas Conder			
	Shange in Ownership	Control Control	node [		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Na	me, Including Formation	Kind of Lease Federal 078615	
	Northeast Blanco Unit	103A Blan	nco Mesaverde	XXX, Federal oXX	
	Location	_			
	Unit Letter E : 1700 Feet From The N Line and 790' Feet From The W				
	Line of Section 24 , Tov	waship 30N Range 8	8W , NMPM, San	Juan County	
ΊΙ.	DESIGN/ TION OF TRANSPORT		AS Address (Give address to which approv	red copy of this form is to be sent)	
	Inland Corporation		P.O. Box 1528, Farming Address (Give address to which approx	gton, New Mexico 8/401	
	Name of Futhorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx	sea copy of this form is to be sent,	
	El Paso Natural Gas		P.O. Box 990, Farming		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en.	
	give locat on of tanks.		No		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
ıv	COMPLETION DATA	in that from any other rease or poor,	give comminging order number		
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on - (X)	x	1 1 1	
	Date Spud led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	1			1	
	4-1-78	4-22-78	6000'	5936'	
	Pool	Name of Producing Formation	Top 突发/Gas Pay	Tubing Depth	
	6340' GL	Mesaverde	4998'	5660'	
	Perforations			Depth Casing Shoe	
	5500' - 5422' - 44 holes; 4998' - 5350' - 44 holes 5966'			5966 <b>'</b>	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	9-5/8"	222'	150	
		7"	· · · · · · · · · · · · · · · · · · ·		
	8-3/4"		3470'	300	
	6-1/4"	4-1/2" Liner	3272' - 5966'	300	
		2-3/8"	5660'		
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				1 2 2 5 5	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	CAL-BUIS.		1	
	<u> </u>	1	<u> </u>		
	GAS WELL	•			

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pitot, XXXXX) Tubing Pressure Casing Pressure Choke Size Estimated Deliverability Q=1420 MCF 2316 MCF/day 640 640 OIL CONSERVATION COMMISSION

APPROVED\_

BY\_\_\_

TITLE

## VI. 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 complete to the best of my knowledge and belief.

De Lam Jos	DeLasso Loos			
(Signature)				
District Manager				

5-1-78 (Date) This form is to be filed in compliance with RULE 1104.

Original Signed by A. R. Kendrick

SUPPLYISUS NOS NO

1410

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.