NO. OF COPIES REC	EIVEO	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	G AS		
OPERATOR			
PRORATION OFFICE			

	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116		
	FILE	K CQUESI	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA		***		
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (5AS		
		1				
	TRANSPORTER GAS					
	OPERATOR					
	PRORATION OFFICE					
	Operator					
	Blackwood & Nichol	s Co., Ltd.				
	Address					
	P. O. Box 1237, Du	rango Co 81301				
			Other (Please explain)			
	Reason(s) for filing (Check proper box,		Other (Flease explain)			
	New Well X	Change in Transporter of:				
	Recompletion	Oil Dry Ga	s 🔲			
	Change in Ownership	Casinghead Gas Conden	sate	i		
1						
	If change of ownership give name and address of previous owner					
II.	I. DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Name, Including Fo	ł.	Federal		
	Northeast Blanco Unit	31A Blanco Mesave	erde State, Federa	FO79042		
	Location	1 1 Zzanco nesave				
		70	10	Wort		
	Unit Letter <u>E</u> : 17	70 Feet From The North Lin	e and 10 Feet From	The West		
	Line of Section 7 Tov	vnship 30N Range	7W , NMPM,	San Juan County		
1 T T	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)		
			P.O. Box 1528, Farming	1		
	Inland Corporation		1			
	Name of Authorized Transporter of Cas	singhead Gas 🔲 💮 or Dry Gas 📆	Address (Give address to which appro-	ved copy of this form is to be sent,		
	El Paso Natural Gas Co	mnany	P.O. Box 990, Farmingt	on, New Mexico 87401		
		Unit Sec. Twp. P.ge.	Is gas actually connected? Who			
	If well produces oil or liquids, give location of tanks.		No.			
		1	No			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA					
	D : T (C)	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completic	on - (X) ; X	X			
	Date Spudded .	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12-4-80	3-5-81	5725	5660		
		Name of Producing Formation	Top XX/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)		4968	5325		
	6140' GL	Mesaverde	4908	Depth Casing Shoe		
	Perforations			' '		
	4968 - 5098	5338 - 5454		5724		
		TUBING, CASING, AND	CEMENTING RECORD			
	101 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE		231'	340 sacks		
	12 1/4"	9 5/8"		 		
	8 3/4"	7''	3419'	300 sacks		
i	6 1/4"	4.50	3243 - 5724 Liner	300 sacks		
				COLD .		
	TOTAL AND DECUEST E	OP ALLOWARIE (Test must be as	fter recovery of total volume of load oil	and must be supplied or extract the allow-		
ν.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.		
	Date First New Oil Aut 10 Julias			Massa		
			Contraction of the contraction o	Chorectise Constitution		
	Length of Test	Tubing Pressure	Casing Pressure	CON AND /		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
		<u> </u>	1			
	GAS WELL	T	Phile Condensate ABACE	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	G. G. T. C. Condensate		
	Q = 1880 MCF	3 hrs.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		420	420	3/4		
1	back pr.		011 0011055111	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE				
			MAR 27 1981			
	t basely cartify that the rules and t	regulations of the Oil Conservation	APPROVED			
	Commission have been complied v	with and that the information given	iven ii Chiundi Diduéd by Lyviny i. Chiu 🖵			
	above is true and complete to the	and complete to the best of my knowledge and belief. BY				
	euppyison District # 3			TOICT IF I		
	_		CHDEDVICHE IN:	TITLE SUPERVISOR DISTRIB		
	$\overline{}$		TITLE SUPERVISOR DIS	54M-71 - 5:		

above is true and complete to the best of my knowledge and belier.				
De Lasso Loos				
(Signature)				
District Manager				
(Title)				

3-23-81 (Date)

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.