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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: Blackwood & Nichols Co., Ltd.

Address: P.O. Box 1237, Durango, Colorado 81301

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [X]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Northeast Blanco Unit	22A	Blanco Mesaverde	State, Federal or Fee State	E 505-6

Location
Unit Letter O : 910 Feet From The S Line and 1970 Feet From The E
Line of Section 36 Township 31 N Range 7W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Inland Corporation
Address *(Give address to which approved copy of this form is to be sent)*: P.O. Box 1528, Farmington, New Mexico 87401

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas Company
Address *(Give address to which approved copy of this form is to be sent)*: P.O. Box 990, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Not Connected	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
September 26, 1977	November 5, 1977	5914'	5873'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6458' GL	Point Lookout	5668'	5836'
Perforations			**Depth Casing Shoe**
5668'-5680'-5694'-5712'-5722'-5742'-5760'-5768'-5838'-5854'			5914'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/8"	9 5/8"	227'	225
8 3/4"	7"	3632'	300
6 1/4"	4 1/2"	5914'	300

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Not Tested			
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
	820 PSI	820 PSI	

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.

D. DeLasso Loos
(Signature)

District Manager
(Title)

11-18-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by A. R. Kendrick

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