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DISTRIBUTION				
SANTA FE	1			
FILE			<u></u>	
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		2		
		1	ī	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FI	LE /	KEQ0E01.1	AND	Effective 1-1-65		
}	S.G.S.	AUTHORIZATION TO TRANS		RAL GAS		
	AND OFFICE					
11	RANSPORTER OIL					
	GAS /	MESAVERDE-DAKOTA (DUA	L)			
	PERATOR 2					
	RORATION OFFICE					
دې	Blackwood & Nichols	Company				
Ad	dress					
		rango, Colorado 81301	O.L., (01			
Re	ason(s) for filing (Check proper box)	,	Other (Please explain	<i>1)</i>		
	ew Well	Change in Transporter of: Otl Dry Gas	X			
ļ.	ecompletion	Oil Dry Gas Casinghead Gas Condense				
CI	nange in Ownership	Cushiqued 640				
If c	change of ownership give name d address of previous owner					
DE	ESCRIPTION OF WELL AND LI	EASE. Well No. Pool Name, Including Form		of Lease No.		
	Northeast Blanco Unit	58 Blanco Mesave	rde State,	Federal or Fee Federal 03358		
ᆫ	ocation			_		
	Unit Letter A ; 925	Feet From The N Line	and 990 Fee	t From The <u>E</u>		
			NIN ATOMA	San Juan County		
L	Line of Section 13 Town	ship 31N Range 7	, NMPM,	San Juan		
	TO ANCHORE	ED OF OU AND NATURAL GAS				
DI	ESIGNATION OF TRANSPORT	or Condensate	Address (Give address to whic	h approved copy of this form is to be sent)		
				I would say of this form is to be sant!		
N	ame of Authorized Transporter of Casir	indused and		h approved copy of this form is to be sent)		
	Northwest Pipeline Cor	poration 5	01 Airport Dr., F	armington, New Mex. 87401		
If		Unit Sec. Twp. Age.	Is gas actually connected?	April 5, 1960		
g	ive location of tanks.		Yes	-		
If	this production is commingled with	that from any other lease or pool, g	ive commingling order numb	er:		
<u>C</u>	OMPLETION DATA	Oil Well Gas Well		epen Plug Back Same Res'v. Diff. Res'v		
	Designate Type of Completion		, , , , , , , , , , , , , , , , , , ,			
F		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
1				Tolder Break		
E	levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
F	Perforations					
		TUBING, CASING, AND	CEMENTING RECORD			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
_	HOLE SIZE	CASING & TUBING SIZE				
-						
-						
-						
_	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be af	ter recovery of total volume of	load oil and must be soul post exceed top allo		
- (OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pum	393535		
	Date First New Oil Run To Tanks	Date of Test	Linducted Interior is some here	The state of the s		
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	,			
_	Annual Dood During Test	Oil-Bhis.	Water - Bbls.	Gal-MCF OLL CON, COM.		
	Actual Prod. During Test			DIST. 3		
L		<u></u>		0131.3		
	GAS WELL		· · · · · · · · · · · · · · · · · · ·	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			0.1. 0	Choke Size		
+	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
			011 0011	SERVATION COMMISSION		
. (CERTIFICATE OF COMPLIAN	CE	OIL CON	FER 7 1974		
			APPROVED	, 19		
ĭ	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			dimed by A. R. Kendrick		
(Commission have been complied value is true and complete to the	best of my knowledge and belief.	By Original Sa	eum engineer dist. no. 3		
6			TITLE PETROLI	THE BUILDING DIST. NO. 5		
	Original Signad		11 – –	filed in compliance with RULE 1104.		
	by Delasso Loos		I.I.	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens		
Delasso Loos			If this is a request for allowable for a newly distributed with this form must be accompanied by a tabulation of the deviation with Rule 111.			
(Signature)		well, this form must be accompanied by a toucher tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowing the sections of this form must be filled out completely for allowing the sections.				
	Field Superintendent (Title)		Il alia on new and recompleted warra.			
	•	·	18	tri for changes of OWD		
	January 3	ate)	well name or number, or	ions I, II, III, and VI for change of conditi transporter, or other such change of conditi		
	ישו		**			