40. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		,	
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR		1/_	
PRORATION OFFICE		<u> </u>	

District Manager (Title)

8-8-79 (Date)

ļ	DISTRIBUTION SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			
	FILE	AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS		
İ	LAND OFFICE					
	IRANSPORTER OIL / GAS /			ABI 20 ALT BOLOI		
ļ	OPERATOR /			API 30-045-23481		
ı.	PRORATION OFFICE Operator					
	Blackwood & Nichols	Co., Ltd.				
	Address					
	P. O. Box 1237	Durango, Colorad	lo 81301			
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	OII Dry Gas	· [_]			
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name and eddress of previous owner					
	·	/ CACE				
M.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Le	dse Lease No.		
	Northeast Blanco Unit	201 South Los Pin	State, Fed	eral or Fee Fee		
	Location	201 JUGEN EUS TIL	11.13			
	Unit Letter M;	990 Feet From The South Line	and 1030 Feet Fro	om The West		
	Line of Section 9 Tov	vnship 31N Range 7	7W , NMPM,	San Juan County		
		TO OF OUR AND NATURAL CA	c			
III.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)		
	Inland Corporation		P.O. Box 1528 Farmi	ngton, New Mexico 87401 proved copy of this form is to be sent)		
	Name of Authorized Transporter of Case Northwest Pipeline Con		P.O. Box 90, Farmir			
		Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.		No			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on = (X)	XX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6-30-79	7-24-79	3750 '	3697'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XX/Gas Pay	Tubing Depth		
	6650 GL	Pictured Cliffs	3472'	3643'		
	Perforations			Depth Casing Shoe		
				3730		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
	12 1/4"	9 5/8"	219'	200 sacks		
	7 7/8"	4 1/2"	3748'	490 "		
			to a second of total volume of load	oil and must be equal to or exceed top allow-		
V	. TEST DATA AND REQUEST F	UK ALLUWABLE (lest must be a able for this de				
OIL WELL Date First New Cil Run To Tanks Date of Test Procucing Method (Flow, pump, gas lift, etc.)				is lift, etc.)		
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	- '		·		
	Q = 1508	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)		1550	3/4"		
DACK FT. 1990						
VI. CERTIFICATE OF COMPLIANCE						
A			APPROVED	APPROVED AUG & A. Kondelek, 19 Original Signed by A. Kondelek, 19		
	above is true and complete to the best of my knowledge and belief.			-		
		complete to the best of my knowledge and belief.				
(This form is to be filed in compliance with RULE					
				allowable for a newly drilled or deepened		
	a Lechasso (Sie	DeLasso Loos	11 44 41 1 2	ompanied by a tabulation of the deviation accordance with RULE 111.		

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.