	HO SE COMIES HEEDINED				
1	DISTRIBUTION				
	SANTA FE				
	FILE				
	U.S.G.S.				
	LAND OFFICE				
	IRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	Operator				
	Blackwood & Nichol				
	Address				
	P. O. Bo	$\times$ 123	37,	$\mathtt{D}\mathbf{u}$	
	Reason(s) for filing (Check proper box				
	New Well	닕			
	Recompletion	3			

	FILE U.S.G.S.	REQUEST	FOR ALLOWABLE  AND  ANSPORT OIL AND NATURAL	Four C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
1.	TRANSPORTER OIL GAS  OPERATOR  PROPATION OFFICE					
	Operator Blackwood & Nichol	s 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: Oil Dry Gas United Province				
	Change in Ownership	Oil Dry Go Casinghead Gas Conder				
	If change of ownership give name and address of previous owner					
IJ.	DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.					
	Northeast Blanco Unit	201 South Los Pi	nos PC-Fruitland State, Fede	ral or Fee Fee		
	Unit Letter M ; 990 Feet From The South Line and 1030 Feet From The West					
	Line of Section 9 To	waship 31N Range	7W , NMPM,	San Juan County		
III.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  New of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Oil Inland Corporation	or Condensate				
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas 🔀		gton, New Mexico 87401 roved copy of this form is to be sent)		
	Northwest Pipeline Co	rporation Unit Sec. Twp. Rge.	P. O. Box 990, Farmin	gton, New Mexico 87401		
	If well produces oil or liquids, give location of tanks.	1	Yes	December 12, 1979		
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,		Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on - (X) Oil Well Gas Well X	New Well Workover Deepen	X		
	Date Spudded 6-30-79	Date Compl. Ready to Prod.	Total Depth 3750	P.B.T.D. 3537		
	Elevations (DF, RKB, RT, GR, etc.)	7-24-79 Name of Producing Formation	Top <b>X</b> XX/Gas Pay	Tubing Depth		
	6652' GL	Pictured Cliffs-Fruitla	and 3472	Depth Casing Shoe		
	3482 - 3494' - 11 holes 3750					
		T	D CEMENTING RECORD	SACKS CEMENT		
	12 1/4"	CASING & TUBING SIZE 9 5/8"	DEPTH SET	200 sacks		
	7 7/8"	4 1/2"	3748	490 "		
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 with the solution of this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
				Gas-Mar		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MOF CON. COM.		
	2.31.					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	No retest Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
• • •		CF.	OH CONSERV	/ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation		AUG 1 ± 1980			
	Commission have been complied values is true and complete to the	with and that the information given				
	_		TITLE SUPERVISOR D	ISTRICT #5		
$\overline{}$	$\mathcal{L}$		This form is to be filed in	n compliance with RULE 1104.		
_	Le Lasso Loos DeLasso Loos		If this is a request for allowable for a newly drilled or deepened			
	(Signature) District Manager		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			
	(Title)		able on new and recompleted wells.			
	8-7-80	nte)	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.			