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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

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

APL-30-045-23482

Operator		Blackwood & Nichols Co., Ltd.	
Address		P. O. Box 1237, Durango, Colorado 81301	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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	67A	Blanco Mesaverde	State, Federal or Fee	Fee
Location				
Unit Letter	0	990 Feet From The	South Line and	1650 Feet From The
Line of Section	9	Township	31N	Range
			7W	NMPM, San Juan
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Inland Corporation	P.O. Box 1528 Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
		Twp.
		Rge.
		Is gas actually connected?
		No
		When

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.			
07-05-79	07-30-79		6528'		5920'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top of Gas Pay		Tubing Depth			
6574' GL	Mesaverde		5492'		5886'			
Perforations	40 - 5638'		forty-four holes		Depth Casing Shoe			
5772 - 5884	thirty-six holes				6528'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		214'		175 Sacks			
8 3/4"	7"		3749'		200 "			
6 1/4"	4 1/2"		3520' - 6528 Liner		375 "			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)


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
Q=1879	3 Hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pr.	1010	1110	3/4"

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.


DeLasso Loos

District Manager

(Title)

08-09-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

Original Signed by A. R. Yendrick

BY _____

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 allow-
able 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.