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SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	SANTA FE FILE U.S.G.S. LAND OFFICE	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 GAS		
1.	OPERATOR PRORATION OFFICE Operator					
	Blackwood & Nichol	s Co., Ltd.				
	P. O. Box 1237, Du	rango, Colorado 8130 <u>1</u>				
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden				
	If change of ownership give name and address of previous owner					
II.	ease Lease No.					
	Northeast Blanco Unit	Well No. Pool Name, Including Fo	VENNE EAR	eral XXXXXX SF079043		
	Location Unit Letter D ; 990	Teet From The North Line	e and 990 Feet Fro	om The West		
	Line of Section 33 Tow	vnship 31N Range	7W , _{NMPM} , Sa	an Juan County		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which ap P.O. Box 1528, Farm	proved copy of this form is to be sent) ington. New Mexico 87401		
	Inland Corporation Name of Authorized Transporter, of Cas	singhead Gas or Dry Gas X	Address (Give address to which ap	proved copy of this form is to be sent)		
	Northwest Pipeline Co	rporation		ngton, New Mexico 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	If this production is commingled wit	th that from any other lease or pool,		Tol. Dark Com. Back. Dtll Parks		
	Designate Type of Completion	on - (X) On Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 5955	P.B.T.D. 5912		
	5-2-81 Elevations (DF, RKB, RT, GR, etc.) 6357 GL	l .	Top %1%/Gas Pay 5150	Tubing Depth 5739		
	Perforations	Mesaverde		Depth Casing Shoe		
	5150 - 5340; 5498 - 5650 5954 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	9 5/8"	243'	200 sacks circulated		
	8 3/4" 6 1/4"	7"	3544'	350 " top cmt 1600"		
		4 1/2" Liner	3382' - 5954'	300 sacks		
V.		OR ALLOWABLE (Test must be as able for this de	pt., 0, 00 jo. jour 2	oil and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Chokesty		
	Actual Prod. During Test	Oil-Bble.	Water-Bbis.	GG-MCF		
	JUN 22 1981 OIL CON. COM.					
	GAS WELL		Bbls. Condensate/MMCF	Gravey of dollar and		
	Actual Prod. Test-MCF/D $0 = 3178$	Length of Test 3 hrs.	Bbis. Condensate/MMCr	Gravit or distribution		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	back pr.	545	870	3/4" EVATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN					
	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. APPROVED Original Signed by FRANK I. HA		RANK T. CHAVEZ			
	above is true and complete to the	. Nest of my knowledge and benefit	SUPERVISOR DISTRICT # 3			
\subset	D D J) / Deleges loss	This form is to be filed	in compliance with RULE 1104.		

above is true and complete to the best of my knowledge and best					
De Lasso Loos					
(Signature)					
District Manager					
(Title)					

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 not e or number, or transported or other such change of condition.