WO OF CUPIES REC	EIVED		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

	SANTA FE	REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110	
	FILE	•	AND			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND I	NATURAL GA	S	
	LAND OFFICE					
	TRANSPORTER OIL			,		
	GAS					
	OPERATOR					
	PRORATION OFFICE					
	Operator					
	Blackwood & Nichols	Co. Ltd.				
	Address					
	P.O. Box 1237 Dura	ango, Colorado 81301				
	Reason(s) for filing (Check proper box)		Other (Please	explain)		
	New Well X	Change in Transporter of:				
	Recompletion	Oil Dry Gar	s 🔲			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	LEASE		·		
	Lease Name	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Federal Lease No.	
	Northeast Blanco Unit	68 Blanco Mesav	verde	State, Federal	SF079003	
	Location					
	Unit Letter A : 790	Feet From The North Line	e and 1292	Feet From Th	e East	
	Olin Better /					
	Line of Section 35 Tow	mship 31N Range 7	W , NMPN	, San J	uan County	
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s	<u></u>		
	Name of Authorized Transporter of Oil	X or Condensate	Andress (Give address		d copy of this form is to be sent)	
	Inland Corporation		P.O. Box 1528	, Farmingt	on, New Mexico 87401 d copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🗓	Address (Give address	to which approve	d copy of this form is to be sent)	
	Northwest Pipeline Cor	poration	P.O. Box 90,	Farmingto:	n, New Mexico 87401	
		Unit Sec. Twp. Ege.	Is gas actually connect	ed? When		
	If well produces oil or liquids, give location of tanks.	i i i	No	1		
		the state of the land of pool	give commingling orde	r number:		
	If this production is commingled wit	h that from any other lease or pool,	Bive committeing orde			
1V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X)	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	4-24-81	5-23-81	6044		6002	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	TopXXI/Gas Pay		Tubing Depth	
	6332' GL	Mesaverde	5234		5732	
	Perforations	I	<u> </u>		Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	1	SACKS CEMENT	
	12 1/4	10 3/4	234		300 sacks circulated	
	8 3/4	7"	3589		350 sks, top cmt 1500'	
	6 1/4	4 1/2" Liner	3431 - 60	42	300 sacks	
	TEST DATA AND REQUEST FO	OP ALLOWARIE (Test must be a	fter recovery of total vol	ume of load oil a	nd must be equal to or exceed top allow-	
V.	OIL WELL	able for this de				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life it.)			
				100		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Bill	
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	a area	Gas-MCF	
		1			1000	
				in the second	TOM. /	
	GAS WELL			<u> </u>	(31, 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	OF	Gravity of Condensate	
	2621	3 hrs				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
) }	610	990		3/4"	
	back pr.	<u> </u>	011	CONSERVA	TION COMMISSION	
VI.	CERȚIFICATE OF COMPLIAN	CE				
	;	01.0	JUN - 9-1981, 19			
	a transfer been complied t	regulations of the Oil Conservation with and that the information given	Original Signed by FRANK T. CHAVEZ			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Ungilled Signed by 122 and			
			SUPERVISOR DISTRICT # 3			
	\sim \sim \sim \sim	This form is to be filed in compliance with RULE 1104.			ompliance with RULE 1104.	
/	DeLasso Loos If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devices taken on the well in accordance with RULE 111.			able for a newly drilled or deepened		
				iance with RULE 111.		
District Manager		Att sections of this form must be filled out completely for allow-				
	OISTITEL Manayer (Title)		able on new and recompleted wells.			
	6-3-		Fill out only Sections I. II. III, and VI for changes of owner, well name or repeat, or transporter, or other such change of condition.			
(Date)			well name or re	er, or transporte	er, or other such change of condition.	

(Daie)