				_		
WD. DI CUPILT AEC		1		\neg		
DISTRIBUTI		Ī	٦			
SANTA FE	7	1				
FILE	1		٦			
U.S.G.S.	i					
LAND OFFICE						
TRANSPORTER	OIL]				
·	GAS			╝		
OPERATOR			╝			
PRORATION OFFICE						
Operator						
Blackwood	& Nic	chol	.s	C		

Ħ.

II.

V.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-1



FILE									AND		\\	E	ecilve 1-1-6	5
U.S.G.S.				AU	ITHO	RIZA	ATION	TO TR		DIA IIO'T	NATURAL (245	والمستنفذة والمراجع	
LAND OFFICE											'	sas E		
TRANSPORTER	OIL													
	GAS											I_{α}		^ / \
OPERATOR														~U.
PRORATION OFF	ICE	نــــا											£ 12	<u> </u>
Blackwood	& Nic	ho1	s Co.	. T.+	d.							1		W /
Address	4 1120												<u> </u>	
P. O. Box	1237,	Du	rango	o, Co	lora	ado 8	3130]	L						
Reason(s) for filing (Other (Pleas	e explain)			
New Well	ليا			Chan	oge in	Trons	porter o	of:						
Recompletion	LI .			011				Dry G	os 📙					
Change in Ownership	<u> </u>			Casi	nghea	d Gas	<u> </u>	Conde	ns ate	<u></u>				
If change of owners	hio give	nen:	ne .											
and address of prev								<u> </u>					·	
DECEDIBLE ON O	e wer		un iie	ACE										
DESCRIPTION OF Lease Name	r nel.	L AS	ID LE	Well	No.	Pool N	Jame, 1:	ncluding F	ormation		Kind of Leas	•		Leose No.
Northeast Blanco Unit		72.	A	Blar	nco M	Mesaver	de		Months Federa	Marian okkas				
Location			<u> </u>											
Unit Letter	0	;	430	Fee	t Fron	n The_	Sout	hLi	ne and	1990	Feet From '	The East		
Line of Section	29		Townsl	olp 3	lN		F	Range 7	<u> </u>	, NMPL	, San Jua	an .		County
	a mn 41		0 D W E 1	D 05 /	O 7 7	4 5 1 5	51 A 007	DAT C				•	•	
DESIGNATION OF Name of Authorized							NAIU			(Give address	to which appro-	ed copy of th	is form is to	be sent)
Giant Indust	•	•	-	•					1		56, Phoen:			-
Name of Authorized 7		er of	Casing	head Go	25 🔲	OI	Dry Go	KK ar			to which appro-			
Northwest Pi	pelin	e C	orpoi	catio	n		•		P. 0). Box 90	, Farming	on, New	Mexico	87401
If well produces oil o	r liquida		U	nit	Sec.	ŢŢ	Cwp.	P.ge.	1	tually connect	ed? Who	n		
give location of tanks					! !			J	No)	1			
f this production is	commir	gled	with t	hat from	m eny	other	rlease	or pool,	give com	ningling orde	r number:			
COMPLETION DA	TA				101	l Well	T _G	as Well.	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.
Designate Type	e of Co	mpl	etion -	~ (X)	1		1	X	L X	1	1.	1	1	•
Date Spudded			De	nte Com	pl. Re	eady to	Prod.		Total De	pth	_ 	P.B.T.D.		
6-1-82			7-	-19 - 8	2		•		6060)'		5970'		
Elevations (DF, RKB	, RT, GF	, etc	.j No	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
6476' KB	76' KB Mesaverde				5290)' '		5701'						
Perforations .								epth Casing Shoe						
5290' - 5506'	Clif	fhc	use a	<u>k Men</u>								6060	· 	
									CEMEN	TING RECOR		5,4	ACKS CEMI	ENT
HOLE S	SIZE	·.	-+-	CASING & TUBING SIZE			DEPTH SET			200 sx.				
12 1/4" 8 3/4"			- -	• 9 5/8" 7"			3684' KB			650 sx.				
6 1/4"				4 1/2" liner			3498' - 6060' KB			300 sx.				
			_i		3/8				52					
TEST DATA AND	REQU	EST	FOR	ALLO	WAB	LE	(Test	must be a for this de	fter recover	ry of total volu or full 24 hours	me of load oil	and must be e	qual to or ex	ceed top allow-
Date First New Oil R	un To To	ank s	Do	ite of To	est	- :			Producin	Method (Flow	v, pump, gas lif	t, etc.)	<u> </u>	
Length of Test			Tı	ibing Pr	1033W	•			Cosing P	1682M.0	.=	Choke Size		
Actual Prod. During 7	Γ•st		01	l-Bbls.	,				Water - Bi	ols.		Gae-MCF		
			L_						ــــــــــــــــــــــــــــــــــــــ					

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
O = 3361	3 hrs.					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
back pr.	600	910	3/4"			
CERTIFICATE OF COMPLIA	NCE	8-31-82 AUG 31 1982				

APPROVED

TITLE.

. 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 (Signotwe)

(Title)

(Dote)

District Manager

July 27, 1982

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT # 3

Original Signed by FRANK T. CHAVE

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