| 1. | DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE | REQUEST | CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURA | Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AL GAS | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----|
| | Operator Ni al al a C | 0- 113 | | OM. | |
| | Blackwood & Nichols Co., Ltd. Address | | | | |
| | P. O. Box 1237, Duran Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership | | = | | |
| | If change of ownership give name | | | | |
| | and address of previous owner | | | | |
| 1. | DESCRIPTION OF WELL AND Lease Name Northeast Blanco Unit Location | Well No. Pool Name, Including F 78 Blanco Mesave | | tease No. deral 外来來 SF 079045 | |
| Unit Letter M: 990 Feet From The South Line and 990 Feet From The West Line of Section 21 Township 31N Range 7W , NMPM, San Juan Con | | | | | |
| | | | | | ſ., |
| | Giant Industries P. O. Box 9156, Phoenix, Arizona 85068 Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) | | | enix, Arizona 85068 | |
| | Northwest Pipeline Corp | Unit Sec. Twp. P.ge. | P. O. Box 90, Farmington, New Mexico 87401 ls gas octually connected? When | | |
| | If well produces oil or liquids, give location of tanks. | | No | | |
| | f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well. New Well Workover Deepen Plug Bock Same Res'v. Diff. Res'v. | | | | |
| | Designate Type of Completio | <u> </u> | 1ii | | |
| | Date Spudded 6-29-82 | Date Compl. Ready to Prod | Total Depth 6030 | P.B.T.D. 5950' | |
| | Elevations (DF, RKB, RT, GR, etc., 6414' KB | Name of Producing Formation Mesaverde | Top 0:1/Gas Pay 5264' | Tubing Depth 5692' | |
| | Perforations 5264' - 5446', 5552' - 5674' | | | Depth Casing Shoe 6029 | |
| | | | CEMENTING RECORD | | |
| - | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| H | 12 1/4 8 3/4" | 9 5/8" 7" | 215' 3645' | 236 cu.ft. Class B 700 cu.ft. 50-50 Pozmix | |
| ı | | S 23/8 | 56927 | 180 cu.ft. Class B | |
| | 6 1/4" | 4 1/2" | 3456' - 6029' | 545 cu.ft. 50-50 Pozmix | |
| | TEST DATA AND REQUEST FO | RALLOWABLE (Test must be af able for this de | fter recovery of total volume of load c pth or be for full 24 hours) | oil and must be equal to or exceed top allow- | |
| Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | lift, etc.) | |
| | Length of Test | Tubing Pressure | Cosing Pressure | Choke Size | |
| 1 | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | |
| L | | , | <u> </u> | | |
| (| GAS WELL | | | | |
| Γ | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| - | Q = 3732 Testing Method (pitot, back pr.) | 3 hrs. Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | back pr. | 810 | 1100 | 3/4" | |
| C | ERTIFICATE OF COMPLIANC | TIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION 9-3-87 SEP 02 1982 19 | |
| 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 (Signature) District Manager (Title) | | | APPROVED SEP UZ 198Z . 19 | | |
| | | | SISCOLOGIC DESIGNATION OF A | | |
| | | | TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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 ewner, well name or number, or transporter, or other such change of condition

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August 24, 1982

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