Form 9-331 (May 1963)				Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SECIAL NO. 079043	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL STORE OTHER 2. NAME OF OPERATOR				7. UNIT AGREEMENT NAME Northeast Blanco Unit Agreement No. 1, Sec. 929 8. FARM OR LEASE NAME	
Blackwood & Nichols Co., Ltd. 3. ADDRESS OF OPERATOR				Northeast Blanco Unit 9. WELL NO.	
P.O. Box 1237, Durango, Colorado 81301 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				10. FIELD AND POOL, OR WILDCAT	
270' F/SL - 535' F/EL				Blanco Mesaverde 11. sec., T., R., M., OR BLK. AND SURVEY OR AREA	
				P-4-30N-7W	
14. PERSII NO.		15. ELEVATIONS (Show whether DF 6202 GL	, RT, GR, etc.)	12. COUNTY OR PARISH	1
	Chask A.		Li (N. D. O	Rio Arriba	New Mexico
	NOTICE OF INTEN		lature of Notice, Report, or O		
	[]		SUBSEQU	ENT REPORT OF:	(———)
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE				REPAIRING WELL	
SHOOT OR ACIDIZ		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	ASING
REPAIR WELL		ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	NT*
(Other)		ation footage XX	(Other)(NOTE: Report results	of multiple completion	on Well
•	OR COMPLETED OPE	RATIONS (Clearly state all pertinent	1 Completion on Personnic	tion Danama a T	
proposed work. nent to this wor	If well is direction is a second in the second in the second is a second in the second	nally drilled, give subsurface locat	details, and give pertinent dates, ions and measured and true vertical	depths for all markers	e of starting any and zones perti-
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Jpon recommen site footage	dations of t is changed a	the Bureau of Reclamat as indicated, without	ion and Bureau of Land	d Management th	ne drill
100000	and changes c	is indicated, without	resurvey.		
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(This space for Federal or State office use)

APPROVED BY ________ CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

District Manager

1, 21 0 1212

DATE _