

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Blackwood & Nichols Co., Ltd.
3. ADDRESS OF OPERATOR
P. O. Box 1237, Durango, Co. 81301
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 760' F/SL - 2240' F/EL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE

NM 013706-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N.E.B.U. Agrmt. #1, Sec. 929

8. FARM OR LEASE NAME

Northeast Blanco Unit

9. WELL NO.

24R

10. FIELD OR WILDCAT NAME

Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

O-17-30N-7W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6269' GL

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7-29-81 Tested casing to 2200 PSI, held OK. Spotted 500 gals. 7 1/2% acetic acid. Ran Gamma Ray Neutron, Gas Spectrum and Cement Bond Logs. Perforated four holes per foot per interval; 5412', 5422', 5428', 5453', 5471', 5479', 5504', 5517', 5526', 5584', 40 holes. Sand-water fractured with 106,470 gals. water with 2# FR-20 per 1,000 gals. water and 90,000 lbs. 20-40 sand. Maximum treating pressure 1800 PSI, average treating pressure 1100 PSI, average injection rate 73 bbls/min.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED DeLasso Loos TITLE District Manager DATE 7-31-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY SNM