Form	3160-5	5
*(Dec	ember	1989)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED Budget Bureau No. 1004-0135 Expires: September 30, 1990

Lease Designation & Serial #:

BUKEAU	Or.	TIAND	MANAGEMENT	1	

BUNDRY NOTICES	AND	REPORTS	ON	WELLS
-----------------------	-----	---------	----	-------

SF-079060

1. Type of Well: o		TRIPLICATE as well other Pressure Observation	7. If Unit or CA, Agmt. Design. Northeast Blanco Unit
			8. Well Name and No.:
2. Name of Operator:		hols Co., A Limited Partnership	N.E.B.U.# 413
3. Address of Operator:	P.O. Box 1237, [Ourango, CO 81302-1237	9. API Well No.:
4. Location of Well: (Foots	ge, Sec., T., R.,	M., or Survey Description)	30-039-24216
			10. Field & Pool/Expltry Area:
900' FNL, 1350' F	EL - Section 20, T	30N, R7W	Basin Fruitland Coal
			11. County or Parish, State:
			Rio Arriba, New Mexico
12. СН	ECK APPROPRIATE BOX	X(s) TO INDICATE NATURE OF NOTICE, REPORT,	OR OTHER DATA
TYPE OF SUBMI	SSION	TYPE OF A	CTION
		Abandonment	Change of Plans
Notice of Intent		Recompletion	New Construction
		Plugging Back	Non-Routine Fracturing
_XSubsequent Repor	t	Casing Repair	Water Shut-Off
Final Abandonmen	t Notice	Altering Casing	Conversion to Injection
		X Other: Bottom Hole Pressure Meas	surement
		(Note: Report results of or Recompletion Report an	multiple completion on Well Completion nd Log form.)
date of starting any p	roposed work. If	(Clearly state all pertinent details, and give well is directionally drilled, give subsupertinent to this work.)*	ve pertinent dates, including estimate

A Bottom Hole Pressure Measurement was taken October 11, 1994 for the NEBU 413.

Pressure - 444 psig Depth - 3608 feet

CL GOM, DIV

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

Signed:

Title: DISTRICT SUPERINTENDENT

(This space for Federal or State office use)

ACCEPTEDFORRECORD

Approved By Conditions of approval, if any: Title

OCT 281994

FARMINGIUM JIDIMIL ITPILLE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency or the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



Form 3160-5 *(December 1989)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	FORM AP			
	Bureau			
Expires	: Septe	ember	30.	1990

	,		,	.,,,	•
			_	_	
5.	I PASP	Designation	l Sar	· i - I	#.

					SF-079060
mpv	NOTTORS	2 MT	DEDODE	WINT T A	31 017000

Do	not	use	this	form	for	proposals	to	drill	, deepen	οг	reentry	to	a di	ifferent	reservoir.	
					Use	"APPLICAT	ION	FOR	PERMIT-"	for	such or	000	sals	1		

6. If Indian, Allottee/Tribe Name

	7. If Unit or CA, Agmt. Desi	
	SUBMIT IN TRIPLICATE	
1. Type of Well:	oil well gas well other Pressure Observation	Northeast Blanco Unit 8. Well Name and No.:
2. Name of Operator:	Blackwood & Nichols Co., A Limited Partnership	1

t or CA, Agmt. Design.:

Blackwood & Nichols Co., A Limited Partnership P.O. Box 1237, Durango, CO 81302-1237

N.E.B.U.# 413 9. API Well No.:

3. Address of Operator:

30-039-24216

4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)

10. Field & Pool/Expltry Area:

900' FNL, 1350' FEL - Section 20, T30N, R7W

Basin Fruitland Coal

11. County or Parish, State:

		Rio Arriba, New Mexico
12. CHECK APPROPRI	IATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	ТҮРЕ	OF ACTION
	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction
	Plugging Back	Non-Routine Fracturing
_XSubsequent Report	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	X Other: Bottom Hole Pressure	Measurement
	(Note: Report results or Recompletion Repor	of multiple completion on Well Completion t and Log form.)

A Bottom Hole Pressure Measurement 413.	was taken October 11, 1			the	NEBU
Pressure - 444 psig Depth - 3608 feet	DECEIVED NOV - 1 1994	070 FALIS	94 001 26		
4. I hereby certify that the foregoing is true and correct	ON COM. DIV.		FII 3: 05		
Λ . ()		D	ate:	<u>t 29</u>	<u>5,</u> 94

(This space for Federal or State office use)

4CCEDIED FUR SECURD

Approved By Conditions of approval, if any:

OCT 2 & 1994

FARMINGIUR JISIAIL ITELLE

__Title __

^{13.} 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.)*