Submit 3 Copies to Appropriate

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	103
Revised 1	-1-89

District Office	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVA' P.O. Box	I WELL API NO.
DISTRICT II Santa Fe, New Me: P.O. Drawer DD, Artesia, NM 88210	sico 87504-2088 30-039-24322 5 Indicate Type of Lease
DISTRICT III	STATE FEE X 6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	d. Sine Oil & Oils Lease No.
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE	DEN OD DILIG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FO	R PERMIT*
(FORM C-101) FOR SUCH PROPOSALS. 1. Type of Well:	Northeast Blanco Unit
OIL GAS X OTHER	
2. Name of Operator Blackwood & Nichols Co., Ltd.	8. Weil No. NEBU #425
3. Address of Operator	9. Pool name or Wildcat
P. O. Box 1237, Durango, Color	ado 81302 Basin Fruitland Coal
Unit Letter K : 1380' Feet From The South	Line and 1850' Feet From The West Line
Unit Letter K : 1380' Feet From The South	Line and 1030 Peet From the West Line
	NMPM Rio Arriba County
<i>4////////////////////////////////////</i>	ether DF, RKB, RT, GR, etc.) O' UG
11. Check Appropriate Box to Indic	ate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIL TO THE VELLEND ABANDON	REMEDIAL WORK ALTERING CASING
TELEGORADII VI MINON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
ANICINALIU.	OTHER: Convert to Pressure Observation Well X
OTHER: DIST 3	OTHER: CONVERT TO TRESSURE OBSERVACION WELL
12. Describe Proposed or Completed Operations (Clearly state all pertinent deta	ils, and give pertinent dates, including estimated date of starting any proposed
work) SEE RULE 1103.	
	ted to a pressure observation well.
adaptor. No tubing or casing	changes have been made. A pressure
	across the Fruitland perforations to
produced.	as adjacent Fruitland wells are
	for the NEBU #425 has been replaced
by the NEBU #425R (redrill).	
I hereby certify that the information above is true and complete to the best of my knowled	1 1
SIGNATURE RM Malhami	TIME Administrative Manager DATE $\frac{8/3/90}{}$
TYPEOR PRINT NAME R. W. Williams	TELEPHONE NO.
(This space for State Use)	- A A 400f
Original Signed by CHARLES GHOLSON	DEPUTY OIL & GAS INSPECTOR, DIST. #3 AUG 1 6 1990
AFFROVED BY	- TITLE