Form 3160-5 *(December 1989)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Designation & Serial #:

. Lease Designation & Serial

| | OF LAND MANAGEMENT (LIE HAR RES | SF - 079043 |
|---|--|--|
| Do not use this form for proposals to drill, | nd REPORTS ON WELLS deepen or reentry to a different reservoir. | 6. If Indian, Allottee/Tribe Name |
| | ルート ルート ルート ルート アード | 7. If Unit or CA, Agmt. Design.: |
| SUBMIT IN TRIPLICATE | | Northeast Blanco Unit |
| 1. Type of Well: oil well gas well X other | | 8. Well Name and No.: |
| 2. Name of Operator: Blackwood & Nichols Co., Ltd. | | N.E.B.U.# 421 |
| 3. Address of Operator: P.O. Box 1237, Durango, CO 81302-1237 | | 9. API Well No.: |
| 4. Location of Well: (Footage, Sec., T., R., M., or Survey Description) | | 30-039-24345 |
| | | 10. Field & Pool/Expltry Area: |
| 215' FSL, 740' FEL - Section 4, 130W, R7W | | Basin Fruitland Coal |
| | | 11. County or Parish, State: |
| | | Rio Arriba, New Mexico |
| 12. CHECK APPROPRIATE B | OX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR (| OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTIO | |
| _X_ Notice of Intent Subsequent Report Final Abandonment Notice | Abandonmen D L G L V L Recompletion Plugging Back SEP 0 4 1990 Casing Repair OL CON. DIV Altering Casing DIST. 3 Other: Convert to Pressure Observation | conversion to injection |
| | | iple completion on Well Completion |
| 13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS date of starting any proposed work. It vertical depths for all markers and zone | G (Clearly state all pertinent details, and give p f well is directionally drilled, give subsurfaces pertinent to this work.)* | ertinent dates, including estimated e locations and measured and true |
| wellhead was stripped down or casing changes have been | converted to a pressure obs to the master valve and test n made. A pressure bomb will rations to monitor formation ed. | t adaptor. No tubing L be periodically run |
| The designated proration ur #421R (redrill). | nit for the NEBU #421 has been | replaced by the NEBU |

Title: Administrative Manager

APPROVED

AUG 2 7 1990 Ken Townsend

AREA MANAGER

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

Conditions of approval, if any:

Approved by _

(This space for Federal or State office use)