

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, Colo. 81301

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 770' F/SL - 700' F/WL
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:

☐
☐
☐
☒
☐
☐
☐
☐

5. LEASE

SF079042

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NEBU Agrmt. No. 1, Sec. 929

8. FARM OR LEASE NAME

Northeast Blanco Unit

9. WELL NO.

31

10. FIELD OR WILDCAT NAME

Blanco Mesaverde

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

N-7-30N-7W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6158' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

12-29-79 5436' TD. Pulled 2 3/8" tubing; set bridge plug in 5 1/2" casing at 4809'.
Tested 5 1/2" casing to 1500 PSI, held OK. Drilled bridge plug at 4809'.

12-30-79 Cleaned out to TD. Reran original 2 3/8" tubing; will return well to production.

Subsurface Safety Valve: Manu. and Type

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

Signed DeLasso Loos TITLE District Manager DATE 1-2-80

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

*See Instructions on Reverse Side

