

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: 1650' F/SL - 1080' F/WL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

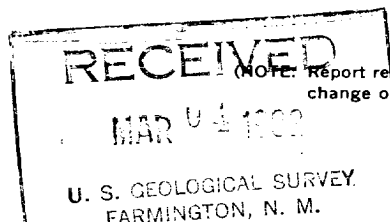
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☐
☐
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☐
☐
☐
☐
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5. LEASE
SF 079042

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME NEBU Agreement
No. 1, Sec. 929

8. FARM OR LEASE NAME
Northeast Blanco Unit

9. WELL NO.
3X

10. FIELD OR WILDCAT NAME
Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
L-5-30N-7W

12. COUNTY OR PARISH San Juan 13. STATE New Mexico

14. API NO.
30-039-007910

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6221' GL

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.)*

Pull 2 3/8" tubing, set 7" drillable cement retainer at 4900'. Squeeze cement open hole, test 7" csg. for holes, circulate cement between 7" & 10 3/4" csg to surface. Whipstock with Knuckle joint at 5050', drill new 6 1/4" hole to T.D. 5600'. Set 4 1/2" casing from TD to surface, circulate cement between 4 1/2" and 7" to surface, sand-water fracture Cliffhouse and Point Lookout zones in two stages using 200,000 gals. water and 150,000# 20-40 sand. Clean out, rerun 2 3/8" tubing and return well to production.

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 March 3, 1982

(This space for Federal or State office use)

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

DATE _____

*See Instructions on Reverse Side

NMOCC

