

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF079042

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT—" 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, Colorado 81301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

180C F/NL - 390' F/WL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6385' GL

7. UNIT AGREEMENT NAME
Northeast Blanco Unit

8. FARM OR LEASE NAME

Northeast Blanco Unit

9. WELL NO.

23A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

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

F-6-30N-7W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

Change location footage

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
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☐
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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

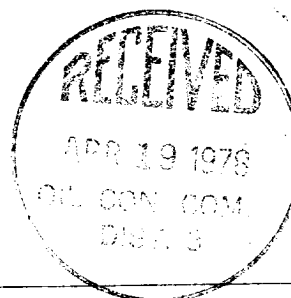
ABANDONMENT*

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(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting at 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.)*

As per attached Archaeological report we were requested to change the drill site location.



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

SIGNED

DeLasso Loos

TITLE District Manager

DATE 4-12-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DURANGO OFFICE COPY

*See Instructions on Reverse Side