

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.
SF 079042
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME NEBU Agreement No. I, Sec. 929 | |
| 2. NAME OF OPERATOR Blackwood & Nichols Co., Ltd. | | 8. FARM OR LEASE NAME Northeast Blanco Unit | |
| 3. ADDRESS OF OPERATOR P. O. Box 1237, Durango, CO 81302-1237 | | 9. WELL NO. 402 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' F/NL, 970' F/EL | | 10. FIELD AND POOL, OR WILDCAT Circles Fruitland Coal | |
| 14. PERMIT NO. API No. 30-045-26883 | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA A-5-30N-7W | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6343' U. G. | | 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: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Cementing <input checked="" type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | (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 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.)*

Spud 12 1/4" hole at 9:00 p.m. (9-7-88). Drilled to TD of 320'. Ran 7 jts. 9 5/8", 36#, K-55 ST&C casing set at 316.45'. Cement with 200 sxs. Class B with 2% CaCl₂. PD at 6:00 a.m. 9/8/88. Circulated 12 bbls. good cement to surface. Pressure tested 9 5/8" casing and BOPs to 600 psi for 30 minutes, held ok.

Drilled an 8 3/4" hole to 2910' T.D. No logs. Ran 67 jts. 7", 23#, N-80, LT&C casing set at 2911'. Self fill insert float valve set at 2865'. Cemented with 20 bbls. mud flush followed by 425 sacks Howco Lite with 1/4# flocele per sack and 0.6% HA9 (718 cu. ft.). Tailed in with 100 sxs. Class B with 1/4# flocele/sx. (118 cu. ft.). Bump plug to 1500 psi. Check float, held okay. Circulated 20 bbls. mud flush plus 10 bbls. good cement slurry to surface. Plug down at 3:45 a.m. 9-11-88.

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

SIGNED William F. Clark TITLE Operations Manager DATE October 5, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side