Form 3160-5 *(December 1989)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Designation & Serial #:

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill, deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals		SF-079043 6. If Indian, Allottee/Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agmt. Design.:
1. Type of Well: oil well gas well X other		Northeast Blanco Unit 8. Well Name and No.:
2. Name of Operator: Blackwood & Nichols Co. A Limited Partnership		o. Wett name and No.:
·		N.E.B.U. #424 9. API Well No.:
3. Address of Operator: P.O. Box 1237, 4. Location of Well: (Footage, Sec., T., R., 2075' FNL - 1330' FWL, Section 4, T		30-045-27243 10. Field & Pool/Expltry Area: Basin Fruitland Coal 11. County or Parish, State: San Juan, New Mexico
12. CHECK APPROPRIATE BO	DYCO TO INDICATE NATURE OF WOLLD'S REPORT OF O	· · · · · · · · · · · · · · · · · · ·
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION		
TIPE OF SUBPLISATION	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction
	Plugging Back	Non-Routine Fracturing
_XSubsequent Report	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing ***********************************	Conversion to Injection
date of starting any proposed work. If vertical depths for all markers and zone	(Clearly state all pertinent details, and give per well is directionally drilled, give subsurface s pertinent to this work.)*	e locations and measured and true
Well shut in since Shut in Tubing - 11 Shut in Casing - 11	70 DWT	CEPTED FOR RECORD MAY 1 11 1991 FARMINATON RESOURCE AREA
During open hole completion water (3/4" Choke wet).	n operations well gauged 18,0	6)36
14. I hereby certify that the foregoing is t	rue and correct.	ER Date: 4-3-91
(This space for Federal or State	e office use)	
Approved By	Title	Date