

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 ☐ gas ☒
well 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: 1070' F/NL - 1760' F/EL

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

☐

FRACTURE TREAT ☐

☒

SHOOT OR ACIDIZE ☐

☐

REPAIR WELL ☐

☐

PULL OR ALTER CASING ☐

☐

MULTIPLE COMPLETE ☐

☐

CHANGE ZONES ☐

☐

ABANDON* ☐

☐

(other) ☐

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.)*

8-15-79 Perforated two holes per foot per interval; 3272', 3282', 3292', 3306', 3318', 3402', 3412', 3420', 3428', 3440', 3446', 3452', 3474'; twenty-six holes. Mini-Max II fractured with 48,000 gals of gelled water, 80,000 lbs 10-20 sand, 500 gallons 10% acetic acid. Ten HCL ball sealers. Maximum treating pressure 3000 PSI; Average treating pressure 1300 PSI; Average injection rate 26 bbls/min.

Subsurface Safety Valve: Manu. and Type _____

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

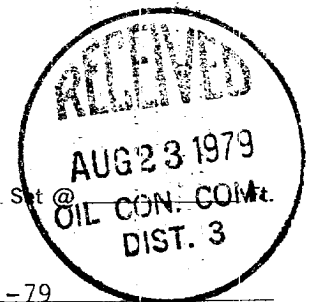
DeLasso Loobtle District Manager DATE 8-21-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____



AUG 23 1979

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY