UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE
NM 03358
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NEBU Agrmt. No. 1, Sec. 929
8. FARM OR LEASE NAME
Northeast Blanco Unit
9. WELL NO.
203
10. FIELD OR WILDCAT NAME
South Los Pinos PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
C-11-31N-7W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
15 FLEVATIONS (SHOW DE KDB AND WD)

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 \mathbf{x} other well 2. NAME OF OPERATOR Blackwood & Nichols Co., Ltd. 3. ADDRESS OF OPERATOR P. O. Box 1237, Durango, Colorado 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 990' F/NL - 1490' F/WL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 6546' GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Casing & Cement 17. DESCRIBE PROFOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, measured and true vertical depths for all markers and zones pertinent to this work.)*

- including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and
- Spudded 12 1/4" hole at 2:00 AM. 7-28-79. Ran 5 jts. 9 5/8" 36.00# 7-28-79 H-40 casing; 204' set at 216'. Cemented with 150 sacks Class C cement with 2% CaCl₂. Plug down 8:30 AM. 7-28-79. Cement circulated. Tested 9 5/8" casing to 800 PSI for thirty minutes, held OK.
- Ran 114 jts. 4 1/2" 10.50# K-55 csg; 3659' set at 3670'. Cemented with 8 - 1 - 79265 sacks Howco Lite cement with 1/4# flocele per sack, followed with 225 sacks 50-50 Pozmix with 2% Gel and 1/4# flocele per sack.

Subsurface Safety Valve: Manu. and Type ____ DIST. 18. I hereby certify that the foregoing is true and correct Delasso Loos title District Manager date SIGNED (This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

6 1979