

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SPs BH 03354

6. IF INDIAN, ALIOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Northeast Blaine Unit
Agreement PL Sec. 929

8. FARM OR LEASE NAME

Northeast Blaine Unit

9. WELL NO.

58 (Pam)

10. FIELD AND POOL, OR WELDCAT

South Lea Pipe Dakota

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

Sec. 12-31N-7W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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 Company

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

925' F/NL - 990' F/EL

14. PERMIT NO.

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

6394' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

Pull 2-3/8" tubing, repair leak, rerun tubing and schedule packer leakage test.



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

SIGNED Delasco Loos TITLE Field Superintendent

DATE 10-16-70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones which present significant fluid contents, not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well was conditioned for final inspection looking to approval of the abandonment.

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UNITED STATES
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GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

IN THE STATES AND TERRITORIES OF THE UNITED STATES

STATE OF _____

LOCAL OFFICE _____

DATE OF REPORT _____

NAME OF WELL _____

LOCATION OF WELL _____

DEPTH OF WELL _____

TYPE OF WELL _____

REASON FOR ABANDONMENT _____

DATA ON FORMER OR PRESENT PRODUCTIVE ZONES, OR OTHER ZONES WHICH PRESENT SIGNIFICANT FLUID CONTENTS, NOT SEALED OFF BY CEMENT OR OTHERWISE _____

DEPTHS (TOP AND BOTTOM) AND METHOD OF PLACEMENT OF CEMENT PLUGS _____

MUD OR OTHER MATERIAL PLACED BELOW, BETWEEN AND ABOVE PLUGS _____

AMOUNT, SIZE, METHOD OF PARTING OF ANY CASING, LINER OR TUBING PULLED AND THE DEPTH TO TOP OF ANY LEFT IN THE HOLE _____

METHOD OF CLOSING TOP OF WELL _____

DATE WELL WAS CONDITIONED FOR FINAL INSPECTION _____