

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUBMIT IN TRIPLICATE		54 JUN -3 AM 11:55	5. Lease Designation & Serial # SF079060
1. Type of Well: oil well _____ gas well X other <u>070 FARMINGTON, NM</u>			6. If Indian, Allottee/Tribe Name
2. Name of Operator: Blackwood & Nichols Company A Limited Partnership			7. If Unit or CA, Agmt. Design.: Northeast Blanco Unit
3. Address of Operator: P.O. Box 1237, Durango, CO 81302-1237			8. Well Name and No.: N.E.B.U.# 479
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description) 2510' FSL, 1640' FML Section 20, T30N, R7W			9. API Well No.: 30-039-24490
			10. Field & Pool/Expltry Area: Basin Fruitland Coal
			11. County or Parish, State: Rio Arriba, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other:	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

See Summary on attached page.

RECEIVED
JUN 10 1994
OIL CON. DIV.
DIST. 3

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

Signed: Al Recker AL RECTOR Title: DISTRICT SUPERINTENDENT Date: 6/2/94

(This space for Federal or State office use)

Approved By _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency or the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

JUN 22 1994
[Signature]
DISTRICT SUPERINTENDENT