UNITED STATES DEPARTMENT **GEOLOG**

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM 03357
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME Northeast Blance Unit No. 1, Sec. 929 8. FARM OR LEASE NAME
	Northeast Blanco Unit
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR Blackwood & Nichols Co., Ltd.	304 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P. O. Box 1237, Durango, CO 81302	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA M-30-31N-6W
AT SURFACE: 1190' F/SL, 1050' F/WL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-039-24163
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6347! GL
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stational including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and nt to this work.)*
The A.P.D. for this well was for a single comp	
for a dual completion in the Pictured Cliffs :	one is requested.
Revisions to the Onshore Drilling Program are: 1) A 4 $1/2$ " liner from 3450' to 8000' will re 2) The Pictured Cliffs formation in this under	eplace the 4 1/2" long string.
stimulated. 3) No changes in cement volumes.	
4) Pictured Cliffs production will be through	of 1 1/2" tubing.

5. LEASE

Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct SIGNED Edraa. Wageman October 19, TITLE Production Clerk DATE Edna A. Wageman (This space for Federal or State office use) DATE TITLE . APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side