NO. OF COPIES RECEIVED							Form C-103	
DISTRIBUTION		3					Supersedes Old C-102 and C-103	
SANTA FE	()							
FILE		4					En Indiana Tuna at	Legge
U.S.G.S.							5a. Indicate Type of State X	Fee Fee
LAND OFFICE	11						5. State Oil & Gas L	
OPERATOR		\perp	l				E-178	1
							mmmm	virinini
(DO NOT USE THIS FO USE								
1. OIL GAS WELL WELL	7. Unit Agreement Northeast Bl							
2. Name of Operator	Agrmt #1. Se	me 929						
1	Northeast Blanco Unit							
Blackwood &	9. Well No.							
	48A							
P. O. Box 12	10. Field and Pool,	or Wildcat						
UNIT LETTERO	Blanco Mesa	verde						
UNIT LETTER	<u> </u>		FEET FROM THE			LINE AND 1770 FEET FROM		THITTINI
THE East								
mmmm	777.	$ \pi $	15. Elevation (Show wh	ether	DF, RT, GR, etc.)	12. County	THITTH
	San Juan	HIIIIII)						
16.	Cha	777	Appropriate Boy To	Indica	to N	ature of Notice, Report or Ot	her Data	
NOTIO			Appropriate box To	muica	16 1		T REPORT OF:	
	٦				\Box		ALTERING	
PERFORM REMEDIAL WORK	-		PLUG AND	ABANDON	الا	REMEDIAL WORK		ABANDONMENT
TEMPORARILY ABANDON	┥					COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB	PEDG AND	ABANDONMEN!
PULL OR ALTER CASING	ل		CHANGE PL	ANS	لـــا	OTHER		
OTHER Extend I	orm	C-	·101		X			
								
17. Describe Proposed or Co work) SEE RULE 1103.	omplet	ed O	perations (Clearly state all	pertiner	it dete	ails, and give pertinent dates, including	g estimated date of star	ting any proposed
WOIN, SEE NOCE 11001								
			ability of drill 1 (Form C-101).	ing e	equi	pment, please extend th	e Application	
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				OF	gl., ils	1 21 9)	- Sinks	
						8-31-80	On	爱松 、
				EXPIR	ES		1 25 00	V ALCOHOLD
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								" " J
Thereby cartifu that the	inform	natio	n above is true and complet	te to the	best	of my knowledge and belief.		
18. Thereby certify that the) /			· · · · · · · · · · · · · · · · · · ·		
++ +	(+	Delega Jaca			District Manager	DATE 6-3-	-80
special us	205	10	DeLasso Loos	TITLE		Distinct Hanager	DATE	
			NV T (HAUFT			SUPERVISOR DISTRICT TO	JUN	4 180
Original Signe	q pa	FRA	nk t. Chavez	TITLE			DATE	
ADDDAUEN BY				1116				

CONDITIONS OF APPROVAL, IF ANY: