

F

30-045-24854

2-9-81

F. Loc. 1800/S;840/W

Elev. 6425 GL

Spd.

Comp.

TD

PB

Casing S.
Csg.Perf.

@

W

Sx.

Int.

@

W

Sx.

Pr.

@

W

Sx.

T.

@

Prod. Stim.

T
R
A
N
S

I.P. BO/D MCF/D After Hrs. SICIP PSI After Days GOR Grav. Ist Del. s.

TOPS		NITD	Well Log	TEST DATA						
Kirtland		C-103	Plat X	Schd.	PC	Q	PW	PD	D	Ref.No.
Fruitland		C-104	Electric Log							
Pictured Cliffs			C-122							
Cliff House		Ditr	Dfa							
Menefee		Datr	Dac							
Point Lookout		<div style="text-align: center;"> <i>R-6635</i> <i>Produced</i> </div>								
Moncos										
Gallup										
Sanostee										
Greenhorn										
Dakota										
Morrison										
Entrada										
			160							

P Frt.PC
 S. Los Pinos Co. SJ S 6 T 31N R 6W U L Oper. Blackwood & Nichols Co. Northeast Blanco U. No. 209

Northeast Blanco Unit #209

L-6-31N-6W

Blackwood & Nichols Co., Ltd.

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 ☐ well ☐ gas ☒ well ☐ other
2. NAME OF OPERATOR
Blackwood & Nichols Co., Ltd.
3. ADDRESS OF OPERATOR
P. O. Box 1237, Durango, CO 81301
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1800' F/SL - 840' F/WL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) To counsel ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☒

RECEIVED

JAN 20 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 pertinent to this work.)*

We will not drill the above well at the present time. However, the 209 number will be used at another location. If and when a well is drilled on the above location, we will submit another application for Permit to Drill.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED DeLasso Loos TITLE District Manager DATE January 20, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JAN 25 1982

NMOCC

FARMINGTON DISTRICT
BY San