(November 1983) (Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other Instructions on r BUREAU OF LAND MANAGEMENT			5. LEASE DESIGNATION AND SERIAL NO NMO3358 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
its a sum this form for	IOTICES AND REPORTS (proposals to drill or to deepen or plug leptication for PERMIT—" for such p	sack to a different reservoir.	S. II MOTAL, ADDITIZE OF TAIRS NAME
1.		The first of the second	7. UNIT AGREEMENT NAME
OIL GAR X OTHER			Northeast Blanco Unit
2. NAME OF OPERATOR OF COUNTY OF ANTI-OR			S. FARM OR LEASE NAME
Blacky	Northeast Blanco Unit		
=:	Box 1237, Durango, Colo	rado 81302	206
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface 790' FSL, 1190'	S. Los Pinos-Fruitland PC 11. SEC. T., B., M., OR BLK. AND		
790 FSL, 1190	LMT.		SURVEY OR ARMA
			Sec. 10, T31N, R7W, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DI	, RT, GR. etc.)	12. COUNTY OR PARISH 13. STATE
3004524890	6637' KB		San Juan New Mexico
			0.1 . D
	k Appropriate Box To Indicate N		r Other Data
NOTICE OF	INTENTION TO:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	mepairing wall
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON®.	SHOOTING OR ACIDIZING	miento for water disposal XX
REPAIR WELL	(Norg: Report results of multiple completion on Well		
(Other)		Completion or Reco	mpletion Report and Log form.) tes, including estimated date of starting any
Alamo forma perforated f Upper Nacimi	a retrievable 4-1/2" tion at 2370'. The rom 1798' to 1830' w ento water quality a eptable for water di	e Upper Nacimient ith 2 SPF, total of fter several days	to formation was of 68 holes. The
2190' to 22 holes. The unacceptable	the Lower Nacimien 10' and from 2236' to formation was swab to for possible water	co 2250' with 2 sested and the wated disposal.	SPF, total of 68 er quality proved
On 12-3-88, out to 2700'	the bridge plug at 23 in preparation for	P&A proposal.	ECEIVED MAR 07 1990
			MAIL OF 1999
		0	IL CON. DIV.
18. I hereby certify that the foreg	oing is true and correct		DIST. 3
SIGNED William F. C	lark TITLE	perations Manager	DATE January 31, 1990
(This space for Federal or St	ite office use)		
APPROVED BY			DATE
CONDITIONS OF APPROVAL			en e
	* 0 1	D 6: 1	Smr

*See Instructions on Reverse Side