

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO
SF079003

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 "APPLICATION FOR PERMIT—" 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 81302-1237
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FNL - 1650' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6414' DF

7. UNIT AGREEMENT NAME
NEBU Agmt, L. Sec. 929
8. FARM OR LEASE NAME
Northeast Blanco Unit
9. WELL NO.
217
10. FIELD AND POOL, OR WILDCAT
S. Los Pinos Fruitland PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T31N, R7W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
RIIOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		

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

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.)*

This well has been shut in since May, 1988, and in January, 1989, we attempted to produce it. We believed there to be a tubing leak so a repair workover started January 19, 1989. After two days a casing leak was discovered from 1989' to 2444'. We currently are in progress of repairing this leak by squeeze cementing.

RECEIVED
FEB 9 10:00
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
FEB 27 1989
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED William F. Clark TITLE Operations Manager DATE 2/08/89
William F. Clark
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE
FEB 23 1989
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY KV