

Energy, Minerals and Natural Resources Dept.
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form 6-103
Revised 1-1-89

WELL API NO.
30-045-26328
5. Indicate Type of Lease State: Fee: X
6. State Oil & Gas Lease No.: FEE
7. Lease Name/Unit Agrmt Name N. E. Blanco
8. Well No.: NEBU 212
9. Pool Name or Wildcat: Basin Fruitland Coal

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: oil well gas well other Pressure Observation

2. Name of Operator: Blackwood & Nichols Co, A Limited Partnership

3. Address of Operator: P.O. Box 1237, Durango, CO 81302-1237

4. Well Location
Unit Letter O: 1030 Feet From The South Line and 1650 Feet From the East Line
Section 01, Township 31N, Range 7W, NMPM San Juan County

10. Elevation (Show wheter DF, RKB, RT, GR, etc)
6515 GL

11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- | | | |
|--|---|---|
| <input type="checkbox"/> Perform Remedial Work | <input type="checkbox"/> Remedial Work | <input type="checkbox"/> Altering Casing |
| <input type="checkbox"/> Temporarily Abandon | <input type="checkbox"/> Commence Drilling Opns. | <input type="checkbox"/> Plug and Abandonment |
| <input type="checkbox"/> Pull of Alter Casing | <input type="checkbox"/> Casing Test and Cement Job | |
| <input type="checkbox"/> Plug of Abandon | <input checked="" type="checkbox"/> Other: Bottom Hole Pressure Measurement | |
| <input type="checkbox"/> Change Plans | | |
| <input type="checkbox"/> Other: | | |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103.

A Bottom Hole Pressure Measurement was take October 10, 1994 for the NEBU 212.

Pressure - 1053 psig
Depth - 3165 feet

RECEIVED
OCT 26 1994
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed: AL Rector

Title: DISTRICT SUPERINTENDENT

Date: Oct 25, 94

AL RECTOR Phone: (303) 247-0728

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ
CONDITIONS OF APPROVAL, IF ANY:

TITLE SUPERVISOR DISTRICT # 3

DATE OCT 26 1994