

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-045-27257

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B 11125

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.)

7. Lease Name or Unit Agreement Name

Northeast Blanco Unit

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Blackwood & Nichols Co., Ltd.

8. Well No.

450

3. Address of Operator

P. O. Box 1237, Durango, CO 81302-1237

9. Pool name or Wildcat

Basin Fruitland Coal

4. Well Location

Unit Letter N : 795 Feet From The South Line and 2010 Feet From The West Line

Section 32 Township 31 North Range 7 West NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6349' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Approval Extension ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Blackwood & Nichols requests approval for extension on our currently expired (9-28-89) application. We anticipate drilling operations to begin in the next three months.

Extension Expires 3-28-90

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

SIGNATURE

William F. Clark
William F. Clark

TITLE

Operations Manager

DATE

10-31-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY

TITLE

DATE

NOV 02 1989

CONDITIONS OF APPROVAL, IF ANY: