Submit 3 Copies to Appropriate District Office

3. Address of Operator

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

Approval Extension

WELL 2. Name of Operator

11.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRÌCT I P.O. Box 1980, Hobba, NM 88240	OIL CONSERVAT		WELL API NO. 30-045-27340
DISTRICTII P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexi	ico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-3707-4
(DO NOT USE THIS FORM FOR PE DIFFERENT RESE	TICES AND REPORTS ON A ROPOSALS TO DRILL OR TO DEE ERVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Northeast Blanco Unit
. Type of Well: OIL OAS WELL WELL	OTHER Wa	ter Disposal	
. Name of Operator Blackwood &	Nichols Co., Ltd.		8. Well No. 503
. Address of Operator			9. Pool name or Wildcat
P. O. Box 12	37, Durango, CO 81302-	1237	Wildcat-Morrison-Entrada
. Well Location			
Unit Letter N:	990 Feet From The South	Line and1600	Feet From The West Line
Section 36	Township 31N	Range 8W	NMPM San Juan County
	10. Elevation (Show who 6430 ' GR	ether DF, RKB, RT, GR, etc.)	
1. Check	Appropriate Box to Indica	ate Nature of Notice, R	Report, or Other Data
. = :	ITENTION TO:		BSEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT

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.

OTHER:.

CASING TEST AND CEMENT JOB

Blackwood & Nichols requests approval for extension on our currently expired (9-2-89) application. We anticipate drilling operations to begin in the next four months.

W ELEINE W

APPROVAL EXPIRE UNLESS DRILLING SPUD NOTICE ML WITHIN 10 DAYS	121 pr 2-	SEP2 8 1989 OIL CON. DIV
I hereby certify that the information above is true and complete to the best of my knowled signature William F. Clark TYPE OR FRINT NAME	lge and belid. Operations M	anager <u>рате</u> 9/27/89
(This space for State Use) Original Signed by FRANK T. CHAVEZ ALTROVED BY CONDITIONS OF ALTROVAL, IF ANY:	SUPERVISOR DIS	TRICT #: DATE