Form 3160-5 \*(December 1989)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: September 30, 1990

Lease Designation & Serial #:

## SF-080557

(Note: Report results of multiple completion on Well Completion

or Recompletion Report and Logoform.)

Do not use this form for proposals to drill, deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals

SUNDRY NOTICES AND REPORTS ON WELLS

If Indian, Allottee/Tribe Name

SUBMIT I	N TRIPLICATE	Northeast Blanco Unit
1. Type of Well: oil well	gas well X other	8. Well Name and No.:
2. Name of Operator: Blackwood & Ni	chols Co., Ltd.	N.E.B.U.# 459
3. Address of Operator: P.O. Box 1237, Durango, CO 81302-1237		9. API Well No.:
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)  2505' FNL, 1810' FEL - Sec. 19, T31N, R7W		30-045-27448
		10. Field & Pool/Expltry Area:
		Basin Fruitland Coal
		11. County or Parish, State:
		San Juan, New Mexico
12. CHECK APPROPRIATE B	OX(s) TO INDICATE NATURE OF NOTICE, REPORT, O	R OTHER DATA
TYPE OF SUBMISSION	TYPE OF AC	TION
	- Abandon D E C E I V E	X Change of Plans
X Notice of Intent	Recompletion	New Construction
	- Plugging Back APR 3 0 1990	Non-Routine Fracturing
Subsequent Report	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering QIL CON. DIV.	Conversion to Injection

Change in drilling plans.

Propose to spud in the San Jose formation. Will drill a 12-1/2" surface hole to a TD of 600'. Surface casing will be run and cemented with cement returns to surface. WOC 12 hours. Test to 600 psi/30 minutes. Drill an 8-3/4" hole to a TD of 3060' using fresh water mud. No abnormal pressures or poisonous gases are anticipated. 7'Run intermediate casing and cement with returns to Test to 1500 psi/30 minutes. Drill a 6-1/4" hole surface. WOC 12 hours. to TD of 3340' using water and air. Run a mud logging unit while drilling this interval. Run the production liner. A 4-1/2" liner will be run and cemented if the well's natural flow capacity indicates the need for fracture stimulation.

Surface ownership is Bureau of Reclamation. 14. I hereby certify that the foregoing is true and correct. Title: OPERATIONS MANAGER (This space for Federal or State office use) Approved By Title Ken Townsend Conditions of approval, if any: AREA MANAGER Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to take to any department or agency or

the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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<sup>13.</sup> 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.)\*

OIL CON, DIV,