

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well: 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: (Footage, Sec., T., R., M., or Survey Description)

415' FNL, 1215' FEL - Section 35, T31N, R7W

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

5. Lease Designation & Serial #:

SF-079003

6. If Indian, Allottee/Tribe Name

7. If Unit or CA, Agmt. Design.:

Northeast Blanco Unit

8. Well Name and No.:

N.E.B.U.# 468

9. API Well No.:

30-045-27707

10. Field & Pool/Explrty Area:

Basin Fruitland Coal

11. County or Parish, State:

San Juan, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other: COMPLETION
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection

13. 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.)*

See Addendum for a full description of the open hole "stress relieve" type coal completion.

RECEIVED
OCT 25 1990
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct.

Signed: ROY W. WILLIAMS

Title: ADMINISTRATIVE MANAGER

Date: 10/4/90

ACCEPTED FOR RECORD

(This space for Federal or State office use)

Approved By _____
Conditions of approval, if any:

Title

NMOCD

Date

OCT 19 1990

FARMINGTON RESOURCE AREA

BY