| Do not us abandoned | RECEIVED FORM APPROVED NOV 0.3 O17 OMB No. 1004-0137 Expires: July 31, 2010 5. Lease Serial No. SF-080379 ON WELFI2S mington Fie 6. Pffilfan, Allottee or Tribe Name or to recenter and Management SF-080379 on page 2. 7. If Unit of CA/Agreement, Name and/or No. San Juan 29-6 Unit 8. Well Name and No. San Juan 29-6 Unit 13 9. API Well No. 9. API Well No. 30-039-07693 e No. (include area code) 10. Field and Pool or Exploratory Area | | | | | |
|--|---|------|--|-------------------------|--|---|
| PO Box 4700, Farmingt 4. Location of Well <i>(Footage, Sec., T.,I</i> Surface Unit L (N | 505-599-3400 c. 6, T29N, R00 | 6W | BLANCO 11. Country or Parish, State Rio Arriba , | MESAVERDE New Mexico | | |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA | | | | | | |
| TYPE OF SUBMISSION | SION TYPE OF ACTION | | | | | |
| Notice of Intent | Acidize Alter Casing Casing Repair | | pen ture Treat v Construction | X | Production (Start/Resume) Reclamation Recomplete | Water Shut-Off Well Integrity X Other |
| | Change Plans | Plug | and Abandon | | Temporarily Abandon | Final Reclamation |
| If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.) The subject well was P&A'd on 4/6/2016. Final reclamation & seeding was completed on the subject well which is now waiting on growth. The reclamation work was inspected and approved by Bob Switzer on 10/13/2017. OIL CONS. DIV DIST. 3 NOV 2 0 2017 | | | | | | |
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Etta Trujillo Title | | | | ions/l | Regulatory Technician | |
| Signature Signature | Date 11/3/2017 | | | | | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE | | | | | | |
| Approved by | Tit | le | | Date | | |
| Conditions of approval, if any, are attach that the applicant holds legal or equitable entitle the applicant to conduct operation Title 18 U.S.C. Section 1001 and Title 4 | certify yould Off | ĩce | to make to any department of | | | |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. | | | | | | |