## UNITED STATES

SUBMIT IN TRIPLICATES

Form approved.

| integ 1000)               | DEPAR   | TMENT OF THE IN   | NTERIOR (Other Instructions on re-       | 5. LEASE DESIGNATION   | AND SERIAL NO. |
|---------------------------|---|---|--|------------------------|----------------|
|                           |   | NM 03188  |  |                        |                |
| (Do not u                 | SUNDRY NO<br>use this form for pro-<br>Use "APPLE | 6. IF INDIAN, ALLOTTE   | E OR TRIBE NAME                          |                        |                |
| OIL WELL                  | GAS OTHER   | 7. UNIT AGREEMENT NAME  |  |                        |                |
| 2. NAME OF OPER           | ATOR  |   | San Juan 29-5 Unit 8. FARM OR LEASE NAME |                        |                |
| North                     | west Pipelin                                      | San Juan 29-5 Unit  |  |                        |                |
|                           |   | 9. WELL NO.   |  |                        |                |
|                           | Box 90 Farm                                       | 46  |  |                        |                |
| See also space At surface | vell. (Report location<br>17 below.)              | Blanco Mesa Verde   |  |                        |                |
| 800 <b>'</b> F            | NL 1510' FEL                                      | 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec 21, T29N, R5W NMPM |  |                        |                |
| 14. PERMIT NO.            |   | 15. ELEVATIONS (Show wh   | hether DF, RT, GR, etc.)                 | 12. COUNTY OR PARISH   | 13. STATE      |
|                           | · · · · · · · · · · · · · · · · · · ·             | 6666' GL  |  | Rio Arriba             | New Mexico     |
| 16.                       | Check A   | Appropriate Box To Indi   | icate Nature of Notice, Report, or C     | Other Data             |                |
| NOTICE OF INTENTION TO:   |   |   |  | ENT REPORT OF:         |                |
| TEST WATER FRACTURE TRI   |   | PULL OR ALTER CASING MULTIPLE COMPLETE                                  | WATER SHUT-OFF FRACTURE TREATMENT        | REPAIRING V            | <del> </del>   |
| SHOOT OR ACI              | DIZE  | ABANDON*  | SHOOTING OR ACIDIZING                    | ABANDONME              | <del></del>    |
| REPAIR WELL               |   | CHANGE PLANS  | (Other) Dike const                       | ruction                |                |
| (01)                      |   |   | (Note: Report results                    | of multiple completion | on Wall        |

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)\*

Constructed 25' x 33' x 2' dike around condensate tank.

See attached drawing.



| 18. I hereby certify that the foregoing is true and correct SIGNED F. E. Publica |                               |                     |
|--|-------------------------------|---------------------|
| signed K. C. fullur<br>R.E. Fielder is   | TITLE Sr. Production Engineer | DATE <u>8-23-76</u> |
| (This space for Federal or State office use)                                     |                               |                     |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:                                       | TITLE                         | DATE                |