

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

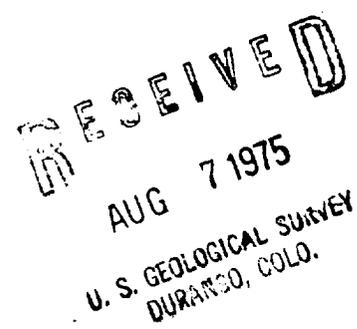
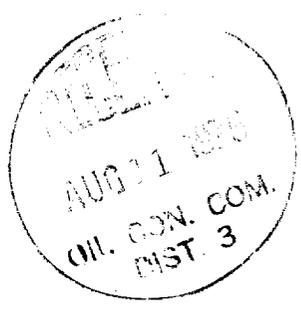
SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NO. NM 03040-A
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME San Juan 29-6 Unit	
2. NAME OF OPERATOR Northwest Pipeline Corporation	8. FARM OR LEASE NAME San Juan 29-6 Unit	
3. ADDRESS OF OPERATOR P. O. Box 90 Farmington, New Mexico 87401	9. WELL NO. 53A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FSL & 1570' FEL	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6805' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T29N, R6W
		12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Sand & Surface Casing <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

8-2-75 MOL & RU. Spud @ 6:00 PM. Drilled 13 3/4" hole to 233' KB
 8-3-75 Ran 5 joints (216') 9 5/8" 36# K-55 Casing set @ 233' KB.
 Cemented with 180 sxs, Circ. WOC 12 hours. Tested casing to 600 psi for 1/2 hour - OK.



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

SIGNED D. H. Maroncelli TITLE Petroleum Engineer DATE 8-6-75
D. H. Maroncelli
 (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: