

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

(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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 03040-A
2. NAME OF OPERATOR Northwest Pipeline Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 90 Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME San Juan 29-6 Unit
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		8. FARM OR LEASE NAME San Juan 29-6 Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6805' GR	9. WELL NO. 53A
		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T29N, R6W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

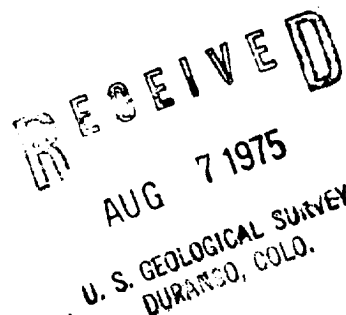
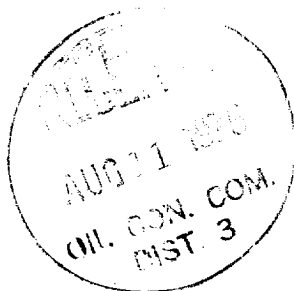
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Sand & Surface Casing <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: