

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. SF078426 |
| 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' FNL & 1140' FWL | | 8. FARM OR LEASE NAME San Juan 29-6 Unit |
| 14. PERMIT NO. | | 9. WELL NO. 51A |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6689 GR | | 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: | | 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 checked="" 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) Completion | |

(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.)*

7-5-75 MOL & RU. Spud @ 5:00 P.M. Drill 13 3/4" hole to 215' RKB @ 9:45 P.M. Ran 6 joints (200') 9 5/8" 36# k-55 casing and set @ 215' RKB. Cemented with 180 sx, class "B" cement. Circ. WOL 12 hours. Pressure test casing to 600# for 1/2 hour - OK.

7-11-75 Drill 8 3/4" hole to 3875' RKB. Ran 88 joints (3864') 7" 20# K-55 ST & C casing and set at 3875' RKB. Cemented w/150 sx. WOL 12 hours.

7-12-75 Ran temp. survey - Top cement @ 2775'.

7-15-75 Gas drill 6 1/4" hole to TD of 5960' RKB. Dresser Atlas ran GR-I and GR-D logs.

7-16-75 Ran 54 joints (2260') 4 1/2" 10.5# k-55 ST&C Rg. 3 casing. Liner and set @ 5960' RKB w/top of liner @ 3692; and F.C. @ 5916'. Cemented with 295 sx. WOC 12 hours. Test top of liner to 1000# for 1/2 hr. - OK. Clean out liner to 5916'.

CONT'D ON PAGE 2

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

SIGNED D.H. Maroncelli TITLE Drilling Engineer DATE 8-4-75

(This space for Federal or State office use)

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