

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		PAGE 2
2. NAME OF OPERATOR		
3. ADDRESS OF OPERATOR		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

5. LEASE DESIGNATION AND SERIAL NO.	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME San Juan 29-6 Unit	
8. FARM OR LEASE NAME San Juan 29-6 Unit	
9. WELL NO. 51A	
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

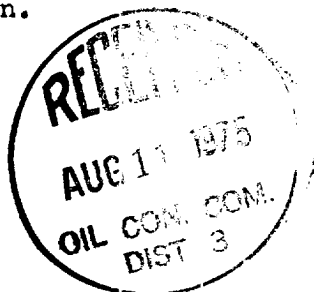
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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) <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.)*

7-17-75 Test casing to 3500 PSI for 1/2 hr. - OK. Spot 500 gal. 7 1/2% HCl. Ran Gamma Collar log and perforate with 1 SPZ @ 5270', 5288', 5297', 5307', 5324', 5334', 5349', 5359', 5373', 5383', 5398', 5414', 5465', 5510', 5702', 5712', 5722', 5732', 5744', 5771', 5782', 5792', 5806', 5822', 5838', and 5860'. Total 26 shots. Frac with 75,000# sand and 65,000 gal. slick water.

7-19-75 Cleaned out to 5916' and landed 2 3/8" 4.7# J-55 Tubing @ 5843' RKB. Well shut-in.



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

SIGNED D. F. Maronell TITLE _____ DATE _____

(This space for Federal or State office use)

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