| N . OF COPIES RECEIVED                                | 7                                     |                             |                                                                              |                                               |                                          | Form C-103                                                   |            |
|-------------------------------------------------------|---------------------------------------|-----------------------------|------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------|--------------------------------------------------------------|------------|
| DISTRIBUTION                                          |                                       |                             |                                                                              |                                               |                                          | Supersedes Old                                               |            |
| SANTA FE                                              | 1                                     |                             | NEW MEXICO OIL CONS                                                          | SERVATION COMMISSI                            | ION                                      | C-102 and C-103<br>Effective 1-1-65                          |            |
| FILE                                                  | 1                                     | 7                           |                                                                              |                                               |                                          |                                                              |            |
| U.S.G.S.                                              | 2                                     |                             |                                                                              |                                               |                                          | 5a. Indicate Type of Lease                                   |            |
| LAND OFFICE                                           |                                       |                             |                                                                              |                                               |                                          | State Fee                                                    |            |
| OPERATOR                                              | 2                                     |                             |                                                                              |                                               |                                          | 5. State Oil & Gas Leaso No.                                 |            |
|                                                       | · · · · · · · · · · · · · · · · · · · |                             |                                                                              |                                               |                                          |                                                              | ŀ          |
| (DO NOT USE THIS FO<br>USE                            | SUN                                   | NDRY NOTICE PROPOSALS TO OR | S AND REPORTS ON<br>ILL OR TO DEEPEN OR PLUG I<br>IT -" (FORM C-101) FOR SUG | WELLS BACK TO A DIFFERENT RESE CH PROPOSALS.) | ERVOIR.                                  |                                                              |            |
| I. OIL GAS WELL WELL                                  | X                                     | OTHER-                      |                                                                              |                                               |                                          | 7. Unit Agreement Name San Juan 29-6 Unit                    |            |
| 2. Name of Operator                                   |                                       | OTRER                       |                                                                              |                                               |                                          | 8. Farm or Lease Name                                        |            |
| Northwest Pipeline Corporation 3. Address of Operator |                                       |                             |                                                                              |                                               |                                          | San Juan 29-6 Unit                                           |            |
| P.O. Box 90, Farmington, New Mexico 87401             |                                       |                             |                                                                              |                                               |                                          | 61A                                                          | Ì          |
| 4. Location of Well                                   |                                       |                             |                                                                              |                                               |                                          | 10. Field and Pool, or Wildcat                               |            |
|                                                       | · ·                                   | 815                         | North                                                                        | 1730                                          | FEET FROM                                | Blanco Mesa Verde                                            |            |
|                                                       | .INE, S                               | ECTION19                    | TOWNSHIP29N                                                                  | RANGE 6W                                      | NMPM.                                    |                                                              |            |
| **********                                            | ~~~                                   |                             |                                                                              |                                               |                                          |                                                              | 7777       |
|                                                       |                                       |                             | 5. Elevation (Show whether 6245)                                             | SR                                            |                                          | 12. County Rio Arriba                                        |            |
| 16.                                                   | Che                                   | ck Appropriat               | e Box To Indicate 1                                                          |                                               |                                          |                                                              | <u> </u>   |
| NOTIC                                                 |                                       | F INTENTION                 |                                                                              |                                               | •                                        | REPORT OF:                                                   |            |
|                                                       | ר                                     |                             |                                                                              |                                               | <u> </u>                                 |                                                              |            |
| PERFORM REMEDIAL WORK                                 | 1                                     |                             | PLUG AND ABANDON                                                             | REMEDIAL WORK                                 |                                          | ALTERING CASING                                              |            |
| TEMPORARILY ABANDON                                   | $\exists$                             |                             |                                                                              | COMMENCE DRILLING OP                          | 177                                      | PLUG AND ABANDONMEN                                          | т []       |
| PULL OR ALTER CASING                                  | J                                     |                             | CHANGE PLANS                                                                 | CASING TEST AND CEMEI                         |                                          |                                                              |            |
| OTHER                                                 |                                       |                             |                                                                              | OTHER                                         |                                          |                                                              | _ L_       |
|                                                       |                                       |                             | · · · · · · · · · · · · · · · · · · ·                                        |                                               |                                          |                                                              |            |
|                                                       | mplete                                | ed Operations (Cle          | early state all pertinent der                                                | ails, and give pertinent o                    | dates, including                         | estimated date of starting any pro                           | posed      |
| work) SEE RULE 1103.                                  |                                       |                             |                                                                              |                                               |                                          |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          |                                                              |            |
| 9<br>F                                                | 5/8<br>1006                           | 3 <b>',</b> 36#, K-         | 55 casing set @<br>and 3% CC. Cen                                            | 219'. Cemented                                | d with 165                               | '. Ran 5 jts. (206' sks. C1. "B" w/ 1/4 casing to 600 PSI fo | <b>;</b> # |
|                                                       |                                       |                             |                                                                              | •                                             |                                          |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          | eri<br>Tel                                                   |            |
|                                                       |                                       |                             |                                                                              |                                               | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               | 1                                        |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          | ing with the second                                          |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          | x3, 4 ( ) x ( )                                              |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               | 110 1                                    |                                                              |            |
|                                                       |                                       |                             |                                                                              |                                               |                                          | Ora Maria                                                    |            |
|                                                       |                                       |                             |                                                                              |                                               | Barre                                    |                                                              |            |
| 18. I hereby certify that the                         | inform.                               | ation above is true         | e and complete to the best                                                   | of my knowledge and bel                       | lief.                                    |                                                              |            |
| f(x)                                                  | 1                                     | 6                           | 1                                                                            |                                               |                                          |                                                              |            |
| W. W. W                                               | 1 m.                                  | name of h                   | // •<br>                                                                     | oduction Engine                               | eer                                      | DATE 1-10-77                                                 |            |
| - Marone                                              | لُلْك                                 | sevening of A.M.            | ille 3)                                                                      |                                               |                                          | 4 10 1/                                                      |            |
| Original Signed by                                    | Α.                                    | R. Kendrick                 |                                                                              |                                               | i                                        | JAN 11 Dr.                                                   | /          |
| APPROVED BY                                           |                                       |                             | TITLE                                                                        |                                               |                                          | DATE                                                         |            |

DHM/ks

CONDITIONS OF APPROVAL, IF ANY: