

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1474.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080379-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	San Juan 29-6 Unit
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
Northwest Pipeline Corporation	San Juan 29-6 Unit
P.O. Box 90 Farmington, New Mexico 87401	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	24 A
1165' FSL & 1775' FEL	10. FIELD AND POOL, OR WILDCAT
	Blanco Mesa Verde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 21, T29N, R6W
14. PERMIT NO.	12. COUNTY OR PARISH
	13. STATE
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Rio Arriba N.M.
6315' GR	

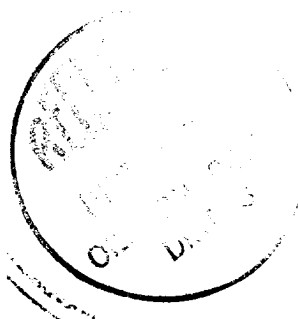
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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.) *

11/15/76 - MOL & RU. spud at 5:30 PM. Drilled 12 1/4" hole to 225'.
Ran 200', 9 5/8", 36#, K-55 casing set at 212'. Cemented
with 115 sks C1. "B" w/ 1/4# flocele per sk. and 3% CC.
Cement circulated. WOC.

11/16/76- Pressure tested casing to 600 PSI for 30 minutes, held OK.



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U. S. GEOLOGICAL SURVEY
OFFICE OF THE CHIEF

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

SIGNED D. H. Maroncelli TITLE Production Engineer DATE 11/19/76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side