

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved,  
Budget Bureau No. 42/R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 03040-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 San Juan 29-6 Unit
2. NAME OF OPERATOR Northwest Pipeline Corporation	8. FARM OR LEASE NAME San Juan 29-6 Unit
3. ADDRESS OF OPERATOR P.O. Box 90, Farmington, New Mexico	9. WELL NO. 46A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 940' FNL & 790' FWL	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 27, T29N, R6W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6383' Gr	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

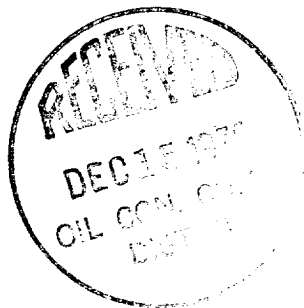
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

12-6-76 Squeezed top of liner w/100 sks Cl. "B" w/2% CC.

12-7-76 Tested to 3500 PSI, held OK. Spotted 500 gal 7 1/2% HCl. Ran GR-CC log and perfed from 5070' to 5618' w/22 shots. Pumped 1000 gal 7 1/2% HCl w/35 ball sealers. Fraced w/70,000 gal water and 60,000 # 20/40.

12-10-76 Landed 178 jts. (5597') 2 3/8", 4.7#, J-55, EUE tubing at 5609'. Shut well in for test.



RECEIVED

DEC 14 1976

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

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

SIGNED D.H. Maroncelli TITLE Production Engineer DATE 12/13/76  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

*SW*

\*See Instructions on Reverse Side