DEPARTMENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY  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.)  7. UNIT AGREEMENT NAME  San Juan 29-5 Uni  8. PARM OR LEASE NAME  San Juan 29-5 Uni  8. PARM OR LEASE NAME  San Juan 29-5 Uni  9. WELL NO.  22A  10. FIELD AND FOOL, OR WILDCA  Blanco Mesa Verde  11. SEC., T., R., M., OB BLE. AND  SURVEY OR ABEA  14. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. LEASE DESIGNATION AND SERVICE  SF 078410  6. IF INDIAN, ALLOTTEE OR TRIB  7. UNIT AGREEMENT NAME  San Juan 29-5 Uni  8. PARM OR LEASE NAME  San Juan 29-5 Uni  9. WELL NO.  22A  10. FIELD AND FOOL, OR WILDCA  Blanco Mesa Verde  11. SEC., T., R., M., OB BLE. AND  SURVEY OR ABEA  Sec 8 T29N R5W		Form approved. Budget Burcau No. 42	SUBMIT IN TRIPLICATE*	UNITED STATES		Form 9-331 (May 1963)
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SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepes or plug back to a different reservoir.  OUL	F VAME			GEOLOGICAL SURVEY		
OIL WELL NOTHER  OIL WELL NOTHER  CASE OF OPERATOR  NORthwest Pipeline Corporation  3. Address of Overator  P.O. Box 90 Farmington, N.M. 87401  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1500' From North Line 1460' From West Line  15. REPARTIONS (Show whether DF, RT, GR, etc.)  6619 GR  10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZING  THE WATER SHUT-OFF PRACTURE TREAT  SHOOT OR ACIDIZE ABANDON*  CHANGE PLANS (Other) Spud & Surface  (Other) Spud & Sur	E MANE	6. IF INDIAN, ALLOTTEE OR TELESC	ON WELLS back to a different reservoir. proposals.)	NOTICES AND REPORT proposals to drill or to deepen or perfection for PERMIT—" for se	SUNDRY NO Do not use this form for propulse "APPLIC	(Do not us
Northwest Pipeline Corporation  Northwest Pipeline Corporation  Address of Operator P.O. Box 90 Farmington, N.M. 87401  Light of Well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1500' From North Line 1460' From West Line  15, Elevations (Show whether DF, RT, GR, etc.)  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Notice of Intention to:  Test water shut-off PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  ABANDON*  CHANGE FLANS  CHANGE FLANS						
Northwest Pipeline Corporation  3. Address of Operator  P.O. Box 90 Farmington, N.M. 87401  4. Location of Well. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1500' From North Line 1460' From West Line  14. Permit No.  15. Elevations (Show whether DF, RT, GR, etc.)  6619 GR  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Notice Of Intention to:  Test water shut-off Multiple complete Mannoon* Sindot or account Report of:  Water Shut-off Racture Treat Sindot or account of Address  Multiple complete Complete Short of Story of Mannoon* Sindot or account of multiple completion or well Cother)  17. Denotable Proposed or Complete Offerations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state of this work.)  6-7-77 MOL & RU. Spud at 2:00 PM. Dr.1d 12-1/4" hole to 238'. Ran 5 jts (216') 9 32.3#, H-40, ST&C Csg Set at 228' KB. Cmt'd with 125 sks CL "B" with 1/4 flocele per sk. and 3% CaCl2.	t			HER	WELL X OTHER	
NOTTINGEST PIPELINE COMPLETE OF POTATION  ADDRESS OF OFFERENCE  P.O. Box 90 Farmington, N.M. 87401  10. FIELD AND POOL, OR WILLDOWN See also space 17 below.)  At surface  1500' From North Line 1460' From West Line  15. Elevations (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE  BEPAIR WELL  O(Other)  17. DENCRIBE PROPOSED OR COMPLETED OFERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of state proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and so nent to this work.)*  18. WATER SHUT-OFF Shoot Cosg Set at 228' KB. Cmt'd with 125 sks CL "B" with 1/4 flocele per sk. and 3% CaCl2.	+		·			
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P.O. BOX 90 FAITHINGTON, N.M. O'401  Lication of Well. (Report location clearly and in accordance with any State requirements.*  Lication of Well. (Report location clearly and in accordance with any State requirements.*  1500 From North Line  1500 From North Line  1600 From West Line  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Notice of Intention to:  TEST WATER SHUT-OFF PRACTICE TREAT  SHOOT OR ACIDIZE  REPARATION  ARANDON*  CHANGE FLANS  COUNTY OR FALINA  RICATION  RECALL AND  REPARISHOR  RECALL AND  REPARISHOR  REPARISHOR  REPARISHOR  REPARISHOR  REPARISHOR  REPARISHOR  REPARISHOR  REPARISHOR  REPARISH  ALTERISC CASING  REPARISHOR  ARANDON*  COUNTY OR FABISH  RICATION  REPARISHOR  REPARISH  REPARISHOR  REPARISHOR  REPARISHOR  REPARISHOR  REPARISHOR  R		•,				
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DENCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly State all pertinent details, and give pertinent dates, including estimated date of starproposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zo near to this work.)  18. ELEVATION (Richard Nature 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,	ATE	500 0 2-0-				
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PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*  REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of star proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone to this work.)*  16. The state of the completion of the co						
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18. I hereby certify that the foregoing is true and forrect  SIGNED TITLE Sr. Drilling Engineer  DATE  June 9, 1	L <b>97</b> 7	DATE June 9, 1	Sr. Drilling Engineer	UV.	reby certify that the foregoin	18. I hereby cer
D. H. Maroncelli (This space for Federal or State office use)	-, - <del></del>			ncelli	D. H. Maronce	SIGNED

\*See Instructions on Reverse Side

TITLE \_

DATE \_\_