16.

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

LOGICAL SURVEY	SF 0803
	6 IF INDIAN. A

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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ALLOTTEE OR TRIBE NAME

(Do not use this form for pour Use "APP	oposals to drill or to deepen or plug back to a different reservoir. LICATION FOR PERMIT—" for such proposals.)			
1.		7. UNIT AGREEMENT NAME		
OIL GAS X OTHE	R	San Juan 29-6 Unit		
2. NAME OF OPERATOR		8. FARM OR LEASE NAME		
Northwest Pipel	San Juan 29-6 Unit			
3. ADDRESS OF OPERATOR	9. WELL NO.			
P.O. Box 90, Fa	44A			
4. LOCATION OF WELL (Report locat	Blanco Mesa Verde			
See also space 17 below.) At surface 154(				
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
		Sec. 26, T29N, R6W		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
	6413' GR	Rio Arriba N.M.		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other)  "Spud and surface"  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<u>X</u>

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.)\*

MOL & RU. Spud at 12:00 AM. Drilled 12 1/4" hole to 245'. Ran 9 5/8", 4-5-77 32.3#, H-40, csg. set at 237'. Cmt'd w/125 sks. C1. "B" w/1/4# gel circulated. flake per sk. and 3% CC. Cement

Tested 9 5/8" csg. to 600 PSI for 30 minutes, held OK. 4-6-77



18. I hereby certiforthat the foregoing is true and correct  SIGNED D.H. Maroncelli	TITLE _	Production Engineer	DATE _	4-11-77	
(This space for Federal or State office use)					
APPROVED BY	TITLE _	/1:	DATE _		

DHM/ks

\*See Instructions on Reverse Side