

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF 079514
2. Name of Operator Morrison Oil Inc.	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name San Juan 29-7 Unit
4. Location of Well, Footage, Sec, T, R, M. Sec. , T- -N, R- W, NMPM	8. Well Name & Number S J-29-7 Unit #507
	9. API Well No. 2453300
	10. Field and Pool Basin Frontland Cont
	11. County and State Rio Arriba, N.M.
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA	
Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input checked="" type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

Run 7 day flow test to atmosphere

RECEIVED

APR 09 1990

OIL CON. DIV.]
DIST. 3

APPROVED
AS AMENDED

APR 04 1990

STEPHEN MASON
ARE

14. I hereby certify that the foregoing is true and correct
Signed Mark Long Title Regulatory Affairs Date 3-14-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY:

END