

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME San Juan 29-7 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company <i>Meridian Pipeline</i>	8. FARM OR LEASE NAME San Juan 29-7 Unit
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 87499	9. WELL NO. 514
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1190, S, 1655'E	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC. T., R., M., OR S.E., AND SURVEY OR AREA SEC. 33, T29N, R7W NMMP
15. ELEVATIONS (Show whether OF, ST, OR, etc.) 6230' GL	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) Permit to Drill Extension ☒		(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.)

It is anticipated that the "Permit to Drill" will expire before this well can be spudded; Therefore, an extension is requested.

RECEIVED
OCT 1 9 1989
OIL CON. DIV.
D.S. 3

THIS APPROVAL EXPIRES APR 30 1990

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

SIGNED

TITLE

Regulatory Affairs

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

APPROVED

DATE

9-26-89

OCT 12 1989

AREA MANAGER
FARMINGTON RESOURCE AREA