Form 9-331 (May 1963)

14. PERMIT NO.

16.

UNITED STATES

SUBMIT IN TRIPLICATE*
(Other instructions on re-

Form approved. Budget Bureau No. 42-R1424.

| 5. | LEASE | DESIGNATION | AND | SERIAL | N |
|----|-------|-------------|-----|--------|---|
| | FΩ | 78740 | | | |

12. COUNTY OR PARISH | 13. STATE

New Mexico

Rio Arriba

| GEOLOGICAL SURVEY | F 078740 | |
|---|---|--|
| 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.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| | 7. UNIT AGREEMENT NAME | |
| IL GAS X OTHER | San Juan 30-5 Unit | |
| AME OF OPERATOR | 8. FARM OR LEASE NAME | |
| Northwest Pipeline Corporation | San Juan 30-5 Unit | |
| DDRESS OF OPERATOR | 9. WELL NO. | |
| P.O. Box 90 Farmington, New Mexico 87401 | 5 (P&A) | |
| OCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) | 10. FIELD AND POOL, OR WILDCAT | |
| At surface | Blanco Mesa Verde | |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA | |
| 900'/N & 900'/E | Sec 30,T30N,R5W NMPM | |

| NOTICE OF INTENTION TO: | | | ł | SUBSEQUENT REPORT OF: | | | |
|-------------------------|---|----------------------|---|-----------------------|--|--|---|
| | | | | | | + | |
| TEST WATER SHUT-OFF | ļ | 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 | | 1 | (Other) Location c | ···· | |
| (Other) | | | | l | (Note: Report results of Completion or Recompleti | multiple completion on Wellion Report and Log form.) | 1 |

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

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.)*

All pieces of pipe and boards have been removed from around location.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6229 GL



| | GNED OBLUGATION ON B. Whitenburg js | Production & Drilling Eng. | DATE 4-10-75 | - |
|----|-------------------------------------|----------------------------|--------------|---|
| (T | O.B. Whitenburg js | | | = |
| | PPROVED BY | TITLE | DATE | _ |