Form 5-331 (May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on re-

Form approved.
Budget Burear No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

DATE _

DEPARTMENT OF THE INTERIOR verse state) GEOLOGICAL SURVEY		SF 078740	
CLINIDAY MOTIC	ES AND REPORTS C	ON WELLS ack to a different reservoir:	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(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
OIL GAS X OTHER			San Juan 30-5 Unit 8. FARM OR LEASE NAME
2. NAME OF OPERATOR Northwest Pipeline Corporation 3. Address of Operator			San Juan 30-5 Unit
P. O. Roy 90 Farmington, New Mexico 87401			2R 10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			
At surface 1820' FNL & 1170' FEL			Blanco Mesa Verde 11. sec., 2., R., M., OR BLK. AND SUBVEY OR ABEA
14 NERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		Sec. 29, T30N, R5W 12, COUNTY OR PARISH 13, STATE	
14. PERMIT NO.	6826' GR		Rio Arriba N.M.
Charle Ann		Nature of Notice, Report, o	or Other Data
16. Check Appropriate Box To Indicate Nature of Notice, Report, or			SEQUENT REPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPER proposed work. If well is direction nent to this work.) *	ULTIPLE COMPLETE BANDON* IANGE PLANS ATTIONS (Clearly state all pertine ally drilled, give subsurface local	(Norn: Report res Completion or Rec nt details, and give pertinent d ations and measured and true ve	REPAIRING WELL ALTERING CASING ABANDONMENT* Surface Casing!! suits of multiple completion on Well ompletion Report and Log form.) ates, including estimated date of starting any retical depths for all markers and zones perti-
(199') 9 5/	8", 36#, K - 55 casin	lled 13 3/4" hole t g set @ 214' KB. (& 3 % cc. Good ci	co 214' KE. Ran 5 joints Cemented w/180 sxs. Cl. Lrc.
10 - 30-75 Pressure te	sted casing to 600	PSI for 1/2 hr. He	eld O.K.
18. I hereby certify that the foregoing !		5 1075 5 1075 30M. COM.	1 107 5
SIGNED D. II. Maroncell (This space for Federal or State offi	ronelli TITLE P	roduction Engineer	DATE11=3=7.5

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: