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OPERATOR	2	

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease

State ☐   Fee ☐

5. State Oil & Gas Lease No.

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1.
OIL WELL ☐   GAS WELL ☒   OTHER-

7. Unit Agreement Name

2. Name of Operator

Northwest Pipeline Corporation

8. Farm or Lease Name

3. Address of Operator

P.O. BOx 90, Farmington, New Mexico   87401

9. Well No.

4. Location of Well

UNIT LETTER _____ , _____ FEET FROM THE _____ LINE AND _____ FEET FROM

THE _____ LINE, SECTION _____ TOWNSHIP _____ RANGE _____ NMPM.

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)

12. County

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

NOTICE OF INTENTION TO: **SUBSEQUENT REPORT OF:**

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐
OTHER _____ ☐			

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

We would like to apply for a 90 day extension on the permits to drill the following wells:

San Juan 29-6 Unit #61A	C-19-29-6
San Juan 29-6 Unit #65A	J-19-29-6
San Juan 30-5 Unit #57	H-28-30-5
San Juan 30-5 Unit #58	M-36-30-5 .

It is our intent to drill the wells this year.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.

EXPIRES 2-15-77

RELID
NOV 12 1976
OIL CON. COM.
DIST. 3

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _W. L. Luna_   TITLE _Drilling Superintendent_   DATE _11-11-76_

Original Signed by A. R. Kendrick

APPROVED BY _____   TITLE _SUPERVISOR DIST. __   DATE _NOV 12 1976_

CONDITIONS OF APPROVAL, IF ANY:

WLL/ks