

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. NM-012299
2. NAME OF OPERATOR NORTHWEST PIPELINE CORP		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3539 E. 34TH FARMINGTON, NM 87401		7. UNIT AGREEMENT NAME SAN JUAN 31-6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1490' FNL 710' FEL H-1-T30N-R6W		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6437' GR	9. WELL NO. 201
		10. FIELD AND POOL, OR WILDCAT BASIN FRUITLAND COAL
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 14 T30N R6W
		12. COUNTY OR PARISH RIO ARriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING*

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

1) SURFACE CASING CHANGE AS SHOWN BELOW:

HOLE SIZE
12 1/4"

CASING SIZE
9 5/8"

WT & GRADE DEPTH SET
3.2.3# H-40 200'

RECEIVED

DEC 18 1989

OIL CON. DIV.
DIST. 3

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

SIGNED:

Scott C. M. [Signature]

TITLE

Pres. Dir. Engr.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

DEC 14 1989

AREA MANAGER

*See Instructions on Reverse Side