UNITED STATES DEDIGHTHERT OF THE INTERIOR

5. LEASE
SF 078917
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 29-5 Unit
8. FARM OR LEASE NAME
San Juan 29-5 Unit
9. WELL NO.
92
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec 26 T29N R5W
12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico
14. API NO.
THE PART HO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7219 'GR
7219 dn
(NOTE: Report results of multiple con pletion or zone
change on Form 9-330.)

DEPARIMENT OF THE INTERIOR	2r 9/091/
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTLE OR TRIBE NAME
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 Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME San Juan 29-5 Unit 8. FARM OR LEASE NAME
1. oil gas 🔀 other	San Juan 29-5 Unit 9. WELL NO.
2. NAME OF OPERATOR Northwest Pipeline Corporation 3. ADDRESS OF OPERATOR	92 10. FIELD OR WILDCAT NAME Basin Dakota
P.O. Box 90, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26 T29N R5W
AT SURFACE: 1020' FSL & 1850' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* WE SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: BUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: BUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: CHANGE ZONES ASSUMBLE OF THE PORT OF: ASSUBSEQUENT REPORT OF: ASSUMBLE OF THE PORT OF THE PORT OF: ASSUMBLE OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF: ASSUMBLE OF THE PORT OF TH	7219 GR (NOTE: Report results of multiple con pletion or zone change on Form 9-330.)
(other)	

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 our intent to plug & abandon this well as follow

30' to surface w/ 10 sk plug & marker.

8475' to TD w/ 30 sk cmt plug 7425' to 7575' w/ 30 sk plug 6000' to 6150' w/ 30 sk plug 4325' to 4475' w/ 30 sk plug 3330' to 3500' w/ 40 sk plug At approximately 2800', across 7" casing cut-off 250' to 350' w/ 50 sk plug

Set @ Subsurface Safety Valve: Manu. and Type ____ 15 (2) 11 (2) 12 (3) 18. I hereby certify that the foregoing is true and correct September 15, 1978 * TITLE Production Clerk DATE ۲ ۲ (This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SEP 1 9 1978

*See Instructions on Reverse Side

