Form 9-331 (May 1963)

## UNITED STATES SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved, Budget Bureau No. 42 R1424. 5. LEANE DESIGNATION AND BERIAL NO. NM 03190

| GEOLOGICAL SURV | GE | EOL | OG I | CAL | SU | RV | ΕY |
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|-----------------|----|-----|------|-----|----|----|----|

| _ |                        |
|---|------------------------|
|   | 7. UNIT AGREEMENT NAME |

| SUNDRY NOT  (Do not use this form for proportion the "APPLICA")              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |                                |          |  |  |
|--|---|--------------------------------|----------|--|--|
| 1.   |   | 7. UNIT AGREEMENT NA           | AME      |  |  |
| WELL GAN X OTHER   | Cox Canyon Unit   |                                |          |  |  |
| 2. NAME OF OPERATOR  |   | 8. FARM OR LEASE NAME          |          |  |  |
| Northwest  | Pipeline Corporation  | Cox Canyon                     | Unit     |  |  |
| 3. ADDRESS OF OPERATOR   | 9. WELL NO.   |                                |          |  |  |
| P.O. Box   | 8A  |                                |          |  |  |
| 4. LOCATION OF WELL (Report location of See also space 17 below.) At surface | Blanco Mesa Verde  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |                                |          |  |  |
| 1850' FNL  |   |                                |          |  |  |
|  |   | Sec. 17, T3                    | 2N, R11W |  |  |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                      | 12. COUNTY OR PARISH 13. STATE |          |  |  |
|  | 6693' GR  | San Juan                       | NM       |  |  |
| 16. Check A  | opropriate Box To Indicate Nature of Notice, Report, o              | r Other Data                   | <u> </u> |  |  |

| NOTICE OF INTENTION TO: |   |                      |          | SUBSEQUENT REPORT OF: |                            |                             |  |
|-------------------------|---|----------------------|----------|-----------------------|----------------------------|-----------------------------|--|
| •                       | r |                      | Γ        | ר                     |                            | ſ <del></del>               |  |
| TEST WATER SHUT-OFF     |   | PULL OR ALTER CASING |          |                       | WATER SHUT-OFF             | REPAIRING WELL              |  |
| FRACTURE TREAT          |   | MULTIPLE COMPLETE    |          |                       | FRACTURE TREATMENT X       | ALTERING CASING             |  |
| SHOOT OR ACIDIZE        |   | ABANDON*             |          |                       | SHOOTING OR ACIDIZING X    | ABANDONMENT*                |  |
| REPAIR WELL             |   | CHANGE PLANS         |          |                       | (Other)                    | multiple completion on Well |  |
| (Other)                 |   |                      | <u> </u> | <u> </u>              | Completion or Recompletion | n 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.) •

Ran 5845' 2-3/8", 4.7#, J-55 EUE tubing set at 5857'. Shut well in for test. 8-16-76

> NECEIVED AUG 30 1976 U. S. GEOLOGICAL SURVEY

| 18. I hereby certify that the foregoing is true and correct SIGNED D. H. Mauricelli D. H. Marchedli | TITLE _ | Production Engineer | DATE   | 8-16-76 |
|---|---------|---------------------|--------|---------|
| (This space for Federal or State office use)  |         |                     |        |         |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:  | TITLE _ |                     | DATE _ |         |

\*See Instructions on Reverse Side

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