ATES SUBMIT IN TRIPLICATES HE INTERIOR (Other Instructions on reverse side)

FRACTURE TREATMENT

(Other) _

SHOOTING OR ACIDIZING

dike construction

Form approved. Budget Bureau No. 42-R1424.

DE	GEOLOGICAL SURVEY	NM 012698
(the not use this form	NOTICES AND REPORTS ON W for proposals to drill or to deepen or plug back to a "APPLICATION FOR PERMIT—" for such proposals.)	/ELLS different reservoir.
1.		7. UNIT AGREEMENT NAME
OIL GAS WELL X	OTHER	San Juan 29-6 Unit
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Northwest Pipe	San Juan 29-6 Unit	
3. ADDRESS OF OPERATOR	9. WELL NO.	
P.O. Box 90	Farmington, New Mexico 87401	23X
4. LOCATION OF WELL (Report	quirements.* 10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface		Blanco Mesa Verde
1688 FSL 1572 I	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		Sec 12 T29N R6W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR,	etc.) 12. COUNTY OR PARISH 13. STATE
	6561 DF	Rio Arriba New Mexico
16. (Check Appropriate Box To Indicate Nature of	of Notice, Report, or Other Data
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF REPAIRING WELL

(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.) *

Constructed 25' x 33' x 2' dike around condensate tank.

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

See attached drawing.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL



ALTERING CASING

ABANDONMENT*

8. I hereby certify that the foregoing is true and correct		
	TITLE Sr. Prod	рати&-2376
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL V		DATE