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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
E 289-3

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.)

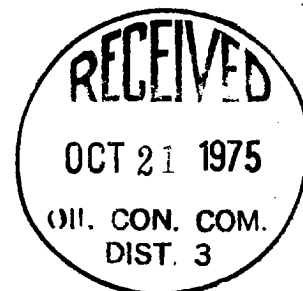
1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	San Juan 29-6 Unit
Northwest Pipeline Corporation	8. Farm or Lease Name
3. Address of Operator	San Juan 21-6 Unit
P. O. Box 90 Farmington, New Mexico 87401	9. Well No.
4. Location of Well	10A
UNIT LETTER P 1010 FEET FROM THE East LINE AND 810 FEET FROM	10. Field and Pool, or Wildcat
The South LINE, SECTION 2 TOWNSHIP 29N RANGE 6W NMPM	Blanco Mesa Verde
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
6457' GR	Rio Arriba

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER "Spud & Surface Casing" ☐	

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.

10-15-75 MOL & RU. Spud @ 6:30 PM. Drilled 13 3/4" hole to 219'. Ran 5 joints (204') 9 5/8", 36#, K-55 casing set @ 219' KB.
10-16-75 Cemented w/180 sxs. Class "B" w/ 1/4# gel flake per sx. & 2% CC. Good circ. WOC 12 hours. Pressure test casing to 600 psi for 1/2 hour - held OK.



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

SIGNED J. H. Marone TITLE Petroleum Engineer DATE Oct. 17, 1975

ORIGINAL SIGNED BY N. E. MAXWELL, JR.

PETROLEUM ENGINEER DIST. NO. 3

OCT 21 1975

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____