

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42 R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

SF 078426

6. IF INDIAN, ALLOTTEE 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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		San Juan 29-6 Unit
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
Northwest Pipeline Corporation		San Juan 29-6 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9. WELL NO.
P.O. Box 90, Farmington, New Mexico 87401		5A
1830' FNL & 1560' FWL		10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.		Blanco Mesa Verde
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
6559' GR		Sec. 30, T29N, R6W
		12. COUNTY OR PARISH
		Rio Arriba
		13. STATE
		NM

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)\*

- 11-12-76 Drilled 8 3/4" hole to 3821'. Ran 3807', 7", 20#, K-55 casing set at 3820'. Cemented w/100 sks. 65/35 poz w/12% gel followed by 50 sks. Cl. "B" w/2% CC. WOC. Top of cement at 2550' by temp. survey.
- 11-19-76 Drilled 6 1/4" hole to 5842' w/gas. Ran Gamma Ray-Induction and Density Logs. Ran 64 jts. (2077') 4 1/2", 11.6#, K-55, ST & C casing liner set from 5837' to 3760'. Float collar at 5808'. Cemented with 210 sks. Cl. "B" with 4% gel and 1/4 cu. ft. Gilsonite per sk.
- 11-20-76 Cleaned out to float collar at 5808'. Pressure tested casing to 3500 PSI, held OK.
- 11-21-76 Spotted 500 gal. 7 1/2% HCl. Ran GR-CCl and perfed from 5169' to 5736' with 23 shots. Pumped 1000 gal. 7 1/2% HCl with 35 ball sealers. Fraced with 70,000 gal. water and 60,000# 20/40 sand.
- 11-22-76 Landed 5671', 2 3/8", 4.7#, J-55 EUE tubing at 5684'. Shut well in for test.

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

SIGNED D.H. Maroncelli TITLE Production Engineer DATE 11-26-76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

DHM/ks