				1	
orm 9-331 day 1963)	DEPARTM	JNITED STATES MENT OF THE INTERIC ECOLOGICAL SURVEY	SUBMIT IN TRIPLICATE (Other instructions on r verse side)	5. LEASE DESIGNATION AND S	SERIAL NO
(Do not use	NAME OF THE PERSON NAME OF THE P	CES AND REPORTS Cals to drill or to deepen or plug be TION FOR PERMIT—" for such pre	N WELLS nck to a different reservol:. oposals.)	G. IF INDIAN, ALLOTTEE OR	THE NAME
	Ose All Blon			7. UNIT AGREEMENT NAME San Juan 29-5 U	hit
OIL GAS WELL X OTHER				8. FARM OR LEASE SAME	
NAME OF OPERATOR Name of Pipoline Corporation				San Juan 29-5 U	Jnit
Northwest Pipeline Corporation ADDRESS OF OPERATOR				9. WELL NO.	
P.O. Box 90, Farmington, N.M., 87401 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT	
LOCATION OF WE See also space	ELL (Report location c	learly and in accordance with any	State requirements.		
At surface 870' FNL & 1450' FWL				Blanco Mesa Ve 11. SEC., T., R., M., OR BLK. SURVEY OR AREA	AND
					DEM
		15. ELEVATIONS (Show whether DF	RT. GR. etc.)	Sec. 6 T29N 12. COUNTY OR PARISH 13	. STATE
4. PERMIT NO.			,,,	Rio Arriba	N.M.
		6540' GR	I . (N.C. Desert o		
•	Check A	ppropriate Box To Indicate N	dature of Notice, Nepon, o	EQUENT REPORT OF:	
	NOTICE OF INTE	NTION TO:	Subs		
TEST WATER S	SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL ALTERING CASIN	1
FRACTURE TRE	EAT	MULTIPLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ABANDONMENT*	<u> </u>
SHOOT OR ACI	DIZE	ABANDON*	3 bugs coup	Surface	X
REPAIR WELL		CHANGE PLANS		ults of multiple completion on impletion Report and Log form.)	Well
(Other)		PERATIONS (Clearly state all pertines ionally drilled, give subsurface local			starting any
7. DESCRIBE PROP proposed we nent to this	work.) *				d sones beiti-
7-3	hole Ra	RU. Spud at 4:30 p.m. an 9 5/8" csg. set at a/1/4# flocele per sk	13), KB. Celletted	/4" surface with 125 sx.	
	Tested	surface csg. to 600	psi for 30 minutes.	Held ok.	
				e on the sec	
		·		\(\frac{1}{2}\)	
					.*
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

TITLE _

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

SIGNED J.P. Slattery
(This space for Federal or State office use)

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

DATE __