UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on reverse side) Form approved. Budget Burgan No. 42-R1424. 5. Lease designation and serial no.

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	MM	012698

GEOLOGICAL S	SURVEY		NM 012698	
SUNDRY NOTICES AND R (Do not use this form for proposals to drill or to d Use "APPLICATION FOR PERMIT	EPORTS eepen or plug T—" for such	ON WELLS back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE OR	TRIBE NAME
	7. UNIT AGREEMENT NAME			
OIL GAS X OTHER	San Juan 29-6 Unit			
NAME OF OPERATOR	8. FARM OR LEASE NAME San Juan 29-6 Unit			
Northwest Pipeline Corporation	9. WELL NO.			
ADDRESS OF OPERATOR	17A			
P.O. Box 90 - Farmington, N.M. LOCATION OF WELL (Report location clearly and in accord See also space 17 below.)	87401	y State requirements.*	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface 1470 FSL & 8	85' FEL	•	Blanco Mesa Verde	
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
			Coo 1 TOOM	P.G.U.
14 PERMIT NO. 15. ELEVATIONS (Show whather I	DE ET CP etc.)	Sec. 1, T29N, R6W	
14. PERMIT NO. 15. ELEVATIONS (S	6487		Rio Arriba	N.M.
6. Check Appropriate Box 7	o Indicate	Nature of Notice, Report, or	Other Data	
NOTICE OF INTENTION TO:		SUBSEC	QUENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CAS	ING	WATER SHUT-OFF	REPAIRING WEI	.L
FRACTURE TREAT MULTIPLE COMPLET	E	FRACTURE TREATMENT	ALTERING CASI	NG
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZING STORMS STORMS STORMS	ABANDONMENT*	$\frac{1}{x}$
REPAIR WELL CHANGE PLANS	1	(Nore: Report result	s of multiple completion on	Well
(Other) 17. DESCRIPE PROPOSED OR COMPLETED OPERATIONS (Clearly supproposed work. If well is directionally drilled, give		Completion or Recomp	pletion Report and Log form.	·
csg. set at 234. C	Cemented & 3% CC.	nours. Drilled to 247 with 125 sacks Class WOC. Test csg. to	"B" with 1/4#	
	1	$f(\lambda)$		
	j. L			
JPS/ch	Programme and the second secon			
18. I hereby certify that the foregoing is true and correct				
SIGNED - 17. 23/24ten	TITLE	Drilling Engineer	DATE Jack	20 197
J.P. Slattery)
(This space for Federal or State office use)				
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:				•

*See Instructions on Reverse Side