

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SFO78278

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 | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR | | 8. FARM OR LEASE NAME | |
| Northwest Pipeline Corporation | | San Juan 29-6 Unit | |
| 3. ADDRESS OF OPERATOR | | 9. WELL NO. | |
| PO Box 90, Farmington, New Mexico 87401 | | #31A | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | 10. FIELD AND POOL, OR WILDCAT | |
| 990' FNL & 1840' FWL | | Blanco Mesa Verde | |
| | | 11. S.E.C., T., R., M., OR BLK. AND SURVEY OR AREA | |
| | | Sec 10 T29N R6W | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, CR, etc.) | 12. COUNTY OR PARISH | 13. STATE |
| | | Rio Arriba | N.M. |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | Summary <input type="checkbox"/> |
| (Other) <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.)*

9-15-77 Spud 12 1/4" hole @ 1930 hrs.

9-16-77 Ran 9 5/8" surface csg to 197' KB. Cmt w/ 125 sks

9-19-77 Ran 7" csg set @ 3816'. Cmt w/ 150 sks C1"B". Good circ throughout. Top of cmt by temp survey 2400'.

9-22-77 Ran 4 1/2" liner from 3642' to 5827'. Cmt w/ 210 sks C1"B" w/ 4% gel. Reversed out 12 bbl. Tested 7" csg & 4 1/2" liner to 3500 psi for 30 min. Held OK. Spotted 500 gal 7 1/2% HCl. Ran GR-Neutron logs to 5793' FBTD.

9-23-77 Perfed 30 holes from 5298' to 5730'. Pumped 1000 gal 7 1/2% HCl w/ 45 ball sealers. Good ball action. Fraced w/ 100,000# 20/40 sand & 110,000 gal treated wtr. MIR = 60 BPM, AIR = 54 BPM, MIP = 1800 spi, AIP = 1150 psi, ISIP = 0 psi. Job complete @ 1545 hrs.

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

SIGNED Arbore C. Lee TITLE Production Clerk DATE 10-10-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 14 1977

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
WASHINGTON, D.C.