## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	5. LEASE
	NM012698
1	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-	
	7. UNIT AGREEMENT NAME
	San Juan 29-6 Unit
_	8. FARM OR LEASE NAME
	San Juan 29-6 Unit
_	9. WELL NO.
	110
	10. FIELD OR WILDCAT NAME
	Blanco Pictured Cliffs
_	11. SEC., T., R., M., OR BLK. AND SURVEY OR
	AREA Sec 1 T29N R6W
	12. COUNTY OR PARISH 13. STATE New Mexico
_	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6514 GR
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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 Form 9–331–C for such proposals.) gas well Xwell other 2. NAME OF OPERATOR Northwest Pipeline Corporation 3. ADDRESS OF OPERATOR PO Box 90, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1810' FNL & 1000' FEL AT SURFACE: AT TOP PROD, INTERVAL: AT TOTAL DEPTH: same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) **MULTIPLE COMPLETE CHANGE ZONES** ABANDON\* (other) 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.)\* 1-3-78 Ran Gamma Ray & CCL from 3626' to 3200'. Pressure tested csg w/ 4000 psi, held OK. Perfed 3498' to 3514' w/l spf, total 17 shots. Pumped 500 gal 15% HCl. Fraced w/23,400# 10/20 sand. Total fluid 38,400 gal. Job complete 1220 hrs 1-3-78. Opened well to atmosphere, flowed 30 min & died. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct

TITLE Production Clerk DATE January 4, 1978

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

5 1978

\*See Instructions on Reverse Side

