

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a well in a reservoir. Use Form 5-221-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Northwest Exploration Company
3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 850 FSL & 850 FEL
AT TOP PROD. INTERVAL: 850 FSL & 850 FEL
AT TOTAL DEPTH: 850 FSL & 850 FEL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☒
☒
☐
☐
☐
☐
☐
☐

RECEIVED

(NOTE: Report results of multiple completion or zone changes on Form 54330.)

AUG 21 1982

U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

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.)*

8-8-82 MOL & RU. PU 3-7/8" bit on 2-3/8" tbq & cleaned out to 1865'.

Tested csg to 3000# - OK. Spotted 250 gal 7-1/2% HCl. Blue Jet ran GR/CCl and perf'd 13 holes from 1613' to 1710'. Howco est rate of 30 BPM at 1900# w/ 2% KCl wtr. Howco frac'd w/ 5000 gal pad followed w/ 40,000# of 20/40 sand at 1-2 ppg. All frac fluid was 70 Quality N₂ Foam w/ 2% KCl. MIR 30 BPM; AIR 30 BPM; MTP 1600#, ATP 1550#. ISIP 890#. Job done at 1700 hrs 8-8-82. Total wtr 11,630 gal, 213,000 SCF N₂.

8-9-82 Flowing well back after frac.

8-10-82 Ran 53 jts of 2-3/8", 4.7#, J-55, tbq & landed at 1639' KB.

Gauged well up tbq at 650 MCF/D. Well SI at 1630 hrs 8-10-82.

SI AFTER FRAC.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna J. Brace TITLE Production Clerk DATE August 20, 1982
Donna J. Brace

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

B
djb/2

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 27 1982

NMOCC

BY smn