

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 to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other
2. NAME OF OPERATOR
Northwest Exploration Company
3. ADDRESS OF OPERATOR
P.O. Box 5800, T.A., Denver, CO 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 850' FSL & 850' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
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
SEP 27 1983
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
N00-C-14-20-5756
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Natani
9. WELL NO.
14
10. FIELD OR WILDCAT NAME
~~Undesignated~~ Rusty Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 2 T21N R6W
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.
30-043-20609
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6969' KB

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.)*

This well has been reclaimed and reseeded per B.L.M. specifications, and is now ready for inspection.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Sally L. DuVall TITLE Regulatory Compliance Coordinator DATE 9-19-83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCG

ACCEPTED FOR RECORD

SEP 28 1983
FARMINGTON RESOURCE AREA
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