

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 90, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 850 FNL & 1850 FWL
AT TOP PROD. INTERVAL: 850 FNL & 1850 FWL
AT TOTAL DEPTH: 850 FNL & 1850 FWL

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) 4-1/2" set

SUBSEQUENT REPORT OF:

RECEIVED
JUN 20 1982

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NCO-C-14-20-5757
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Natari
9. WELL NO.
#17
10. FIELD OR WILDCAT NAME
Undesignated Rusty Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 3, T21N, R6W
12. COUNTY OR PARISH
Sandoval
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6938' 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.)*

6-17-82 TD'ed hole 1900'. Gearhart ran IES/SP & CNL/FDC/GR logs.

6-18-82 Ran 48 jts 4-1/2", 10.5#, K-55, ST&C & set at 1886' KB. BJ cmt'ed w/ 150 sx (366 cu.ft) of C1 "B" 65/35 poz w/ 12% gel & 12-1/2# gilsonite per sx. Tailed w/ 100 sx (198 cu.ft) of C1 "B" w/ 6% gel & 12-1/2# gilsonite/sx. Displaced plug w/ 29.5 bbls & down at 1145 hrs 6-18-82. Circ out 35 bbls cmt. Release rig at 1300 hrs 6-18-82.

NOW WAITING ON COMPLETION.

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JUL 8 1982
OIL CON. COM.
DIST. 3

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

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

SIGNED Donna J. Grace TITLE Production Clerk DATE June 23, 1982
Donna J. Grace (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: 3 djb/ 2
ACCEPTED FOR RECORD
JUL 7 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY sm