

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: 930 FNL & 910 FEL
AT TOP PROD. INTERVAL: 930 FNL & 910 FEL
AT TOTAL DEPTH: 930 FNL & 910 FEL

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

5. LEASE
NM 43758

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
GAVILAN

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
WILDCAT *Gallop*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
A SEC 26, T25N, R2W

12. COUNTY OR PARISH | 13. STATE
RIO ARRIBA | N.M.

14. API NO.
30-039-22860

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7466' KB

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

CORRECTION ON DAY TD WAS REACHED

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

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.)*

TD OF 8241' WAS REACHED ON JANUARY 16, 1982 INSTEAD OF JANUARY 15, 1982.

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

18. I hereby certify that the foregoing is true and correct
SIGNED Donna A. Brace TITLE Production Clerk DATE 5-7-82
Donna A. Brace
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

djb/ 8

*See Instructions on Reverse Side

NMOCC

MAY 10 1982

Sam