

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 Pipeline Corporation
- 
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: 1090' FSL & 1650' FEL  
AT TOP PROD. INTERVAL: Same as above  
AT TOTAL DEPTH: Same as above
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- |                      |                          |
|----------------------|--------------------------|
| TEST WATER SHUT-OFF  | X                        |
| FRACTURE TREAT       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> |
| (other)              |                          |

- |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

## 5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache Tribal Contract #92

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 92

9. WELL NO.

#5

10. FIELD OR WILDCAT NAME

## Tapacito Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 31, T27N, R3W

**12. COUNTY OR PARISH**

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7037' GR

(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.)\*

1. Unload well w/ drill gas & measure water production.
2. If casing leak is indicated, pull tbq, set retainer above perms.
3. Sting into retainer w/ tbq & swab well.

Permanent csg repair will be made if necessary, following an evaluation of the wells producing potential.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED P.M. Pippin TITLE Sr. Prod Engineer DATE 3-10-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE MAR 15 1981  
*James F. Sims*  
JAMES F. SIMS  
DISTRICT OIL & GAS SUPERVISOR

Apparatus is used to test well for 90 days after installation  
or failure. At the end of that time it is required to  
determine the quality in order to produce full value  
of the investment.

APPROVED