

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 9-33, -C for such proposals.)

1. oil ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR

Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR

PO Box 90, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1450' FNL & 1055' FWL

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:

☐ ☒
☐ ☒
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

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.)*

12-7-77 Perfed 3888' to 3946' w/ 11 shots. Pumped 500 gal 15% HCl. Dropped 20 balls, no ball action. Fraced w/ 50,000# 10/20 sd @ 1 ppg in slick wtr. Breakdown = 3400 psi, AIR = 22 BPM, MIR = 22 BPM, ATP 3600 psi, MTP 4000 psi, ISIP 400 psi. Job complete @ 1700 hrs 12-7-77. Open well to atmosphere.

5. LEASE

Contract 93

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 93

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Gavilan Pictured Cliffs

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

Sec 32 T27N R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7117' GR

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

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

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

SIGNED Wanda C. Cline TITLE Production Clerk DATE December 9, 1977

(This space for Federal or State office use)

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