

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 ☐ gas ☒ 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: 1485' FSL & 1080' FWL  
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 ☒ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☐ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) ☐ ☐

5. LEASE  
Contact #81  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Indian A  
9. WELL NO.  
#3  
10. FIELD OR WILDCAT NAME  
Choza Mesa Pictured Cliffs  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 29 T29N R3W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
30-039-21379  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7108' 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. Clean out well with 1-1/4" tubing and gas to Total Depth.
2. Set 2-7/8" drillable bridge plug at 3850'.
3. Test upper perms for production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED P. M. Pippin TITLE Sr. Prod Engineer DATE July 1, 1980

(This space for Federal or State office use)

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

DATE

**APPROVED**

NMOCC

James F. Sims  
JAMES F. SIMS  
DISTRICT OIL & GAS SUPERVISOR