

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, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
820' FSL & 1450' FWL
AT SURFACE: ~~800'~~
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

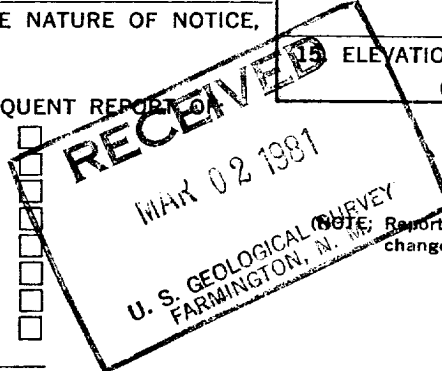
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF

- [illegible]

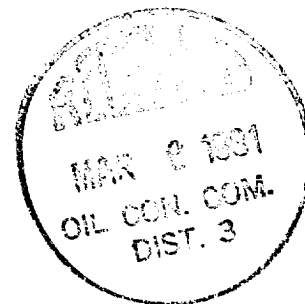


5. LEASE
SF 078284
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 29-6 Unit
8. FARM OR LEASE NAME
San Juan 29-6
9. WELL NO.
#76
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 23, T29N, R6W
- | | |
|------------------------------------|-------------------------|
| 12. COUNTY OR PARISH
Rio Arriba | 13. STATE
New Mexico |
|------------------------------------|-------------------------|
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6686' G.L.

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. Pull tbg & pkr & check for leaks
2. Run tbg & pkr and test csg for leaks
3. If no leaks are discovered, run tbg without pkr.
4. If a leak is discovered, ~~set pkr & swab well in~~
in the casing, it will be repaired.



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 2-26-81

(This space for Federal or State office use)

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

ah 3m

NMOCG:

***See Instructions on Reverse Side**

DATE _____
APPROVED
 DATE _____
 MAR 4 1981
James F. Sims
JAMES F. SIMS
 DISTRICT OIL & GAS SUPERVISOR