

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 ☒ other2. NAME OF OPERATOR  
Northwest Pipeline Corporation3. ADDRESS OF OPERATOR  
PO Box 90, Farmington, New Mexico 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1688' FSL & 1572' 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:

☒  
☐  
☐  
☐  
☐  
☐  
☐  
☐5. LEASE  
NM 012698  
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 Unit  
9. WELL NO.  
23X  
10. FIELD OR WILDCAT NAME  
Blanco Mesa Verde  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 12 T29N R6W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6551 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.)\*

6-18/20, 1979

1. MIRUSU
2. Pulled tbq.
3. Ran in w/ pkr on 2-3/8" tbq & set @ 5200'.
4. Swabbed well for 1-1/2 days.
5. Pulled tbq & pkr & laid down tbq.
6. Well SI.

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

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

SIGNED

*S. Katirgis*  
S. Katirgis

TITLE Production Engr.

DATE

June 21, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

