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Form Approved: Budget Bureau No. 42-R1424

## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	<b>5.</b> LEASE SF 078410		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
_	7. UNIT AGREEMENT NAME San Juan 29-5 Unit		
t -	8. FARM OR LEASE NAME San Juan 29-5 Unit		
	9. WELL NO. 17 18 18 18 18 18 18 18 18 18 18 18 18 18		
	10. FIELD OR WILDCAT NAME Wildcat Pictured Cliffs		
,	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
	Sec 6 T29N R5W		
	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico		
_	14. API NO.		
•	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
	6530 'GR		
	1960年 - 1960年		
(NOTE: Report results of multiple completion or zone change on Form 9–330.)			
	Change on Form 5-330.)		
	그 그 그 이 그 학교들은 그의 발문하를 느꼈다.		
	그 그는 그는 학생들이 함께 불었다.		
	all partitions details and give portinent dates		
ate all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and			
en	t to this work.)*		
F000 col mod Dumped 10/20			
pumped 5000 gal pad. Pumped 10/20 20 bbls. Fluid contained 2-1/2#			
ے 20	BPM, AIP 2300 psig, MIR 32 BPM,		
U. F	luid to rec. Job complete @ 1430		
1	Turt to rec. dob comprete e 1430		
	TOP TO		
3UN 6 1979			
OIL CON. C. JA			
	DIST. 3		
	Ft		

	그 생각적
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME San Juan 29-5 Unit
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME San Juan 29-5 Unit
well Well Wother  2. NAME OF OPERATOR	9. WELL NO. 81
Northwest Pipeline Corporation  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Wildcat Pictured Cliffs
PO Box 90, Farmington, New Mexico 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1190' FNL & 1190' FWL AT TOP PROD. INTERVAL:	Sec 6 T29N R5W  12. COUNTY OR PARISH 13. STATE  Dia Amriba
AT TOTAL DEPTH: Same	Rio Arriba   New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6530 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  SUBSEQUENT REPORT OF:  U  U  U  U  U  U  U  U  U  U  U  U  U	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertiner 9-79 Ran GR-CCL from 3642' to 2500'. 4-79 Perfed 3546' to 3514' w/ 32 shots. RU & part sand @ 1 PPG, 43,200# total. Flushed w/ 2 FR/1000 gal. Breakdown 3800 psig. AIR 26 MIP 5500 psig. ISIP 60 psig. 1160 bbls for Gauged well @ 4880 MCFD. SI for IP Test.	oumped 5000 gal pad. Pumped 10/20 bbls. Fluid contained 2-1/2# BPM, AIP 2300 psig, MIR 32 BPM,
Subsurface Safety Valve: Manu. and Type	JUN 6 1979 OIL CON. C. J. DIST. 3
18. I hereby certify that the foregoing is true and correct	
SIGNED Baltara C. Key TITLE Production CT	DATE - LIVE
(This space for Federal or State of APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE DATE
CONDITIONS OF AFFINOVAL, II AMV.	BY SE DESCRIPTION OF THE SERVICE A