

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.)
AT SURFACE: 1170' FSL & 1110' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)		"Drilling Summary"	<input checked="" type="checkbox"/>

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.)*

9-5-78 Spud 12-1/4" surface hole @ 1615 hrs. Drilled to 168'. Ran 8-5/8", 24# csg set @ 168'. Cmted w/ 140 sks. Good circ. Circ 5 bbls cmt.
9-6-78 Plug down @ 0030 hrs. WOC. Tested csg to 600 psi, held OK. Drilling.
9-11-78 Reached TD 3785'. Ran I-ES & CNL-FDC logs.
9-12-78 Ran 2-7/8", 6.4#, J-55, EUE set @ 3779'. Cmted w/ 170 sks. Plug down @ 1230 hrs. Tested csg to 4000 psi, held OK. Released rig.
Top of cmt by temp survey @ 2550' & PBD @ 3768'.

Waiting on completion.

Subsurface Safety Valve: Manu. and Type _____

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

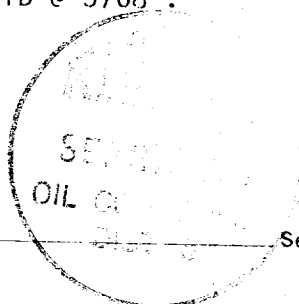
SIGNED [Signature] TITLE Production Clerk DATE September 19, 1978

(This space for Federal or State office use)

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

5. LEASE SF 078736
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Gobernador
9. WELL NO. 3
10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14 T29N R5W
12. COUNTY OR PARISH Rio Arriba
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6723'GR

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



RECEIVED

SEP 21 1978