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

m 9–331 c. 1973	Form Approved.
UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 078917 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS not use this form for proposals to drill or to deepen or plug back to a different ervoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME San Juan 29-5 Unit 8. FARM OR LEASE NAME
oil gas on other  NAME OF OPERATOR	San Juan 29-5 Unit - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
rthwest Pipeline Corporation  ADDRESS OF OPERATOR  Box 90 Farmington New Mourise 97401	10. FIELD OR WILDCAT NAME Basin Dakota
Box 90, Farmington, New Mexico 87401  LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 1020' FSL & 1850' FEL  AT TOP PROD. INTERVAL:  AT TOTAL DEPTH: Same	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26 T29N R5W
	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
PUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  T WATER SHUT-OFF  CTURE TREAT	7219 'GR

(Do not use this form for proposals to drill or to deepen or plug back to a diffe reservoir. Use Form 9-331-C for such proposals.) gas well 🔲 X well other 2. NAME OF OPERATOR Northwest Pipeline Corporation 3. ADDRESS OF OPERATOR PO Box 90, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1020' FSL & 1850' FEL AT SURFACE: 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* Completion of Plugging Operations" 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.)\*

Final plugging operations on this well will be completed as soon as weather permits. At that time we will submit the required forms.



Subsurface Safety Valve: Manu. and Type

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

Production Clerk DATE January 5, 1979

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SIGNED

\_ TITLE

JAN 8 1979

\*See Instructions on Reverse Side