

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  
PO Box 90, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1150' FNL & 1730' 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:        |                          | 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 checked="" 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) "Completion 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.)\*

5-17-79 Ran GR-CCL from 3673' to 2500'.  
5-22-79 Perfed 3630' to 3598' w/ 14 shots. RU & pumped 5000 psig w/ no breakdown.  
5-23-79 Pressured well to 5000 psig. Unable to pump into well. Attempted to perf, could not go past 3590'. Shut down operations.

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.  
111
10. FIELD OR WILDCAT NAME  
Blanco Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 1 T29N R6W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6636' GR

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

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Barbara C. Rex TITLE Production Clerk DATE June 11, 1979

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

