

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, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1450 FWL & 1950 FSL NE/SW
AT TOP PROD. INTERVAL: 1450 FWL & 1950 FSL NE/SW
AT TOTAL DEPTH: 1450 FWL & 1950 FSL NE/SW
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) Spud Operations

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF 078917
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 29-5 Unit
8. FARM OR LEASE NAME
San Juan 29-5 Unit
9. WELL NO.
#106
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 25, T29N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6869' KB

(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.)*

9-9-82 Spudded at 0330 hrs. Ran 5 jts of 9-5/8", 32.3#, H-40 ST&C & set at 227' KB. Woodco cmt'ed w/ 200 sx (236 cu.ft) of C1 "B" w/ 3% CaCl₂ & 1/4# Flocele/sx. Circ out 5 bbls of cmt. Job done at 1115 hrs 9-9-82. WOC 12 hrs. Test csg to 600# - 0

9-10-82 to 9-13-82 Drilling ahead



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna J. Brace TITLE Production Clerk DATE Sept 14, 1982
Donna J. Brace

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

B
djb/ 1

*See Instructions on Reverse Side

NMOCC

SEP 22 1982

FARMINGTON DIST
02 2