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1. 0	oil well		gas well		other	· · · · · ·	1			
2. !	MAK	E OF	OPERA	TOR						-

2. NAME OF

Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR

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)

P.O. Box 90, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

890' FSL & 1090' FNL AT SURFACE: AT TOP PROD. INTERVAL: Same as above AT TOTAL DEPTH: Same as above

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

SUBSEQUENT REPORT OF:

SF 080377 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. #35 10. FIELD OR WILDCAT NAME Blanco MV & Basin DK 11. SEC., T., R., M., OR BLK. AND SURVEY OR Sec 15, T29N, R6W 12. COUNTY OR PARISH Rio Arriba STATE N.M. 14. API NO. 30-039-82386 15. ELEVATIONS (SHOW DF, KDB, AND WD) 64401 GR

5. LEASE

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

B. S. GELL GOLDAL SURVEY Baldouts, Util & M.

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.)*

6-25-81 to 6-27-81

- Pull both strings of tubing.
- Found & eliminated tubing leak in 2-3/8"
- Ran back in with both strings.
- Conducted Packer Leakage Test 9-25-81. No Leakage

FUNJAMES F. SIMS DISTRICT ENGINEER

Subsurface Safety Valve: Manu. and Type			Set @	Ft.
18. I hereby certify that the foregoing is tr	ue and correct			
SIGNED P.M. PIPPIN	TITLE Sr Prod Er	ngineer Date Dec	28, 1981	
	(This space for Federal or St.	ate office use)	_	
APPROVED BY	TITLE	DATE ACC	EPTED FOR RECO	RD

DEC 3 0 1981

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT