5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

| DEPARTMENT OF THE INTERIOR | NM 012331 |
|---|--|
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 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.) | 7. UNIT AGREEMENT NAME San Juan 30-5 Unit 8. FARM OR LEASE NAME |
| 1. oil gas well other | San Juan 30-5 Unit 9. WELL NO. |
| 2. NAME OF OPERATOR Northwest Pipeline Corporation 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs |
| PO Box 90, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31. T30N R5W |
| AT SURFACE: 1100' FNL & 1640' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same | 12. COUNTY OR PARISH 13. STATE Rio Arriba N.M. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 68301 GR |
| TEST WATER SHUT-OFF | (NOTE: Report results of multiple completion or zone change on Form 9–330.) |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly starincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine | directionally drilled, give subsurface locations and |
| 10-13-77 Tested csg to 4000 psi. Held OK. Ra 16 holes from 3684' to 3826'. Pumped ball sealers. Established rate & pum 50000# 10/20 sand @ lppg w/ slick wtr 10,15 & 30 min = 700 psi, AIR = 24 BP MIP = 3900 psi. Job complete @ 1330 | 500 gal 15% HCl & dropped 25 ped 5000 gal pad & fraced w/ . ISIP = 1000 psi, 5 min = 700 psi, M, AIP = 3700 psi, MIR = 24 BPM, |
| | A COLOR OF SECURE OF SECUR |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct | |
| SIGNED Darling C. Yex TITLE Production Cl | erk DATE OCT. 31, 1977 |
| (This space for Federal or State office use) | |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | DATE |