

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for a well which is to be plugged or plugged back to a different reservoir. Use Form 9-221 for such purposes.

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Northwest Pipeline Corporation
3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1190' FSL & 1500' FWL
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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
FULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) _____	"Drilling" <input checked="" type="checkbox"/>

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.)*
- 8-13-78 Drilled to TD 3720'. Ran IES & GR-Density logs. Ran 117 jts (3705') 2-7/8", 6.5#, J-55, 8rd set @ 3715'. Cmted w/ 120 sks C1"B" & tailed in w/ 50 sks Neat.
- 8-14-78 Plug down @ 0300 hrs. Rig released 0600 hrs. Top of cmt determined by temp survey @ 2500'.
- Waiting on completion.

TD 3720', PBTD 3704'

5. LEASE
NM 012335
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 30-5 Unit
8. FARM OR LEASE NAME
San Juan 30-5 Unit
9. WELL NO.
63
10. FIELD OR WILDCAT NAME
Blanco Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 31 T30N R5W
12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6597'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 _____ TITLE Production Clerk DATE August 29, 1978

(This space for Federal or State office use)

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