9-331
1973

Form Approved.
Budget Bureau No. 42-R1424

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: 1190' FSL & 1500' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

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

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) "Completion Operations"			

(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.)*

4-18-79 Ran GR-CCL from 3695' to 2100'.
5-14-79 Perfed 3616' to 3589' w/ 26 shots. RU & tested lines to 4500 psig. Pumped 5000 gal pad followed by 50,000# 10/20 sand @ 1 PPG. Flushed w/ 21 BW. Fluid contained 2-1/2# FR/1000 gal. Breakdown 2800 psig. AIR 31 BPM, AIP 3300 psig, MIR 34 BPM, MIP 3400 psig. ISIP 600 psig, 15 min 600 psig. 1153 bbls fluid to recover. Frac job complete @ 1030 hrs.
5-31-79 Well open & dead.

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

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

SIGNED _____ TITLE Production Clerk DATE June 1, 1979

(This space for Federal or State office use)

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

*See Instructions on Reverse Side