

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 Corp
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: 1520' FNL & 1535' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: As above

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) ☐

SUBSEQUENT REPORT OF:

- ☒
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
USA SF 078994
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.
#38
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18 T30N R5W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-039-22159
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6399' GR

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

PLEASE CONSIDER ALL INFORMATION ON THIS WELL AS CONFIDENTIAL

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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.)*

June 3, 1980 Rig released. Ran 252 jts of 2-3/8", 4.7#, J-55 EUE tbg, set @ 7814'. (Top perf @ 7808'). Pumped out plug and gauged well @ 1150 MCFD thru tbg. Shut well in @ 0600 hrs 6-4-80 for build up & IP Test. OFF REPORT UNTIL IP TEST.



Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Donna Grace TITLE Prod Clerk DATE June 6, 1980

(This space for Federal or State office use)

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

CONFIDENTIAL

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JUN 17 1980
BY Donna Grace