Form Approved.

## Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE NM 012335 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS San Juan 30-5 Unit (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.) 8. FARM OR LEASE NAME San Juan 30-5 Unit X well 9. WELL NO. well other #14A 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Northwest Pipeline Corporation Blanco Mesa Verde 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 90, Farmington, N.M. 87401 **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 31, T30N, R5W below.) 1120' FSL & 1580' FEL 12. COUNTY OR PARISH 13. STATE AT SURFACE: AT TOP PROD. INTERVAL: Same as above New Mexico Rio Arriba Same as above AT TOTAL DEPTH: 14. API NO. 30-039-22192 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 6672' GR SUBSEQUENT REPORTE OF REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE NOTE: Report results of the tolk completion or zone REPAIR WELL change on Form 9 PULL OR ALTER CASING OIL CON. COM. MULTIPLE COMPLETE DIST. 3 CHANGE ZONES ABANDON\* Commence drlg 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.)\* Spudded 13-3/4" surface hole @ 0900 hrs. Ran 5 jts of 9-5/8", 36#, K-55, ST&C & set at 228'. Woodco cmt'ed w/ 125 sx C1 "B" w/ 1/4# & flo-cele/sx & 3% CaCl<sub>2</sub>. Circ out 2 sx. Plug down @ 0645 hrs 3-24-81 3-24-81 Drld from 220' to 3590'. 3-25-81 to 3-29-81 Ran 100 jts (3987') of 7", 20#, K-55, ST&C & set at 3996' (FC at 3954') HOWCO cmt'ed w/ 10C sx 65/35 poz 2/ 12% gel. Tailed w/ 75 sx Cl "B" 3-30-81 w/ 2% CaCl<sub>2</sub>. Displaced plug w/ 161 bbls wtr & down at 0530 hrs 3-31-81 3-31-81 \_\_ Sei @ \_\_\_\_\_ Ft. Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ 18. I hereby certify that the foregoing is true and correct Brace TITLE Production Clerk DATE onna. SIGNED (This space for Federal or State office use)

NMOCC

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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: