

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  
P.O. Box 90, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 860' FSL & 1070' FWL  
AT TOP PROD. INTERVAL: Same as above  
AT TOTAL DEPTH: Same 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) Commence Drilling ☒

SUBSEQUENT REPORT OF:

- ☐  
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RECEIVED

OCT 22 1980

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE  
SF 078739
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.  
#71
10. FIELD OR WILDCAT NAME  
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 22 T30N R5W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
N.M.
14. API NO.  
30-039-22476
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6467' GR

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.)\*

10-18-80

Spudded 12-1/4" surface hole at 1800 hrs.

10-19-80

Ran 9 jts (352') of 9-5/8", 36#, K-55, ST&C and set at 366' KB. Woodco cemented with 250 sx Cl "B" w/ 1/4# flocele/sx and 3% CaCl<sub>2</sub>. Circulated 12 bbls of cement. Plug down at 0930 hrs. WOC 12 hrs. Pressure tested csg and BOP to 600# for 30 min held OK.

10-20 & 21, 1980

Drilling ahead.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Donna Brace TITLE Production Clerk DATE Oct 21, 1980  
Donna Brace

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**CONFIDENTIAL**

