Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
SF 078994

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME
San Juan 30-5 Unit

8. FARM OR LEASE NAME
San Juan 30-5 Unit

1. oil well ☐   gas well ☒   other

9. WELL NO.
#52

2. NAME OF OPERATOR
Northwest Pipeline Corporation

10. FIELD OR WILDCAT NAME
Basin Dakota

3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, N.M. 87401

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 15   T30N   R5W

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800' FSL & 1785' FWL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
30-309-22574

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6584' GR

	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*	☐	☐

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

(other) Commence Drld Operations

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.)*

2-2-81   Spudded 12-1/4" surface hole at 1500 hrs.

2-3-81   Ran 9 jts (345') of 9-5/8", 36#, K-55, ST&C & set at 359'. Cemented w/ 200 sx Cl "B" w/ 1/4# gel flake/sx and 3% $CaCl_2$. Plug down at 1500 hrs

2-4-81   Drlg ahead.

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

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

SIGNED _Donna J. Brace_   TITLE Production Clerk   DATE Feb 4, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side