## **UNITED STATES** DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS

	5. lease 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. #52		
_	10. FIELD OR WILDCAT NAME Basin Dakota		
_	11. SEC., T., R., M., OR BLK. AND SURVEY O		
	Sec 15 T30N R5W		

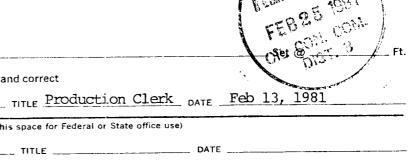
(Do not use this form for proposals to drill or to deepen or plug back to a different		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME San Juan 30-5 Unit	
1. oil gas well other	9. WELL NO. #52	
2. NAME OF OPERATOR Northwest Pipeline Corporation	10. FIELD OR WILDCAT NAME Basin Dakota	
<ul> <li>3. ADDRESS OF OPERATOR</li> <li>P.O. Box 90, Farmington, N.M. 87401</li> <li>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17</li> </ul>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15 T30N R5W	
below.) AT SURFACE: 800' FSL & 1785' FWL AT TOP PROD. INTERVAL:Same as above	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico	
AT TOTAL DEPTH: Same as above  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 30-039-22574	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF	(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.)\*

Feb 5, 1981 to Feb 8, 1981 Drlg ahead.

Feb 9, 1981 Ran 96 jts (3836') of 7", 20#, K-55, ST&C & set at 3850'. National cemented w/ 100 sx 65/35 poz w/ 12% gel. Tailed w/ 75 sx Cl "B" w/ 2% CaCl<sub>2</sub> Plug down at 2230 hrs. Plug displaced w/ 147 bbls wtr.

Feb 10, to Feb 13, 1981 Drlg ahead w/ gas.



Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct

(This space for Federal or State office use)

APPROVED: BY CONDITIONS OF APPROVAL, IF ANY:

FEL 24 1581