

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 ☐ gas ☒ 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: 800' FSL & 1785' 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) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐

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 OR AREA
Sec 15 T30N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-22574
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6584' GR

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

PAGE 1 OF 2 DIST. 3

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.)*

3-17-81

PU 3-7/8" bit. Cleaned out hole to 7970'. Press tested to 4000# for 15 min - OK. Circ hole w/ 2% CaCl₂ wtr & spotted 500 gal HCl. Blue-Jet ran GR/CCl Log and perfed 14 holes from 7928' to 7952'.

3-18-81

Dowell fraced w/ 20,000 gal pad wtr (w/ 2% CaCl₂ & 2-1/2# FR-20/1000 gal) followed w/ 15,000# 20/40 sand @ 1/2 ppg when well sanded off. MIP 4200 psi; AIR 28 BPM; MIR 29 BPM. Job completed @ 0845 hrs. Flowed well back 5 hrs making 3311 MCFD before refrac. Dowell refraced w/ 10,000 gal pad (40# guar gum gel) followed w/ 32,000# 20/40 sand @ 1-1/2 ppg. MIR 27 BPM; MIP 4100 psi; AIR 24 BPM; AIP 4000#. Job completed @ 1445 hrs. Opened well @ 2400 hrs w/ 500 psi.

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 March 26, 1981

(This space for Federal or State office use)

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

djb/

*See Instructions on Reverse Side

NMOCC

MAR 31 1981

FARMINGTON DISTRICT