

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: 1000 FNL & 1720 FEL
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:

-
-
-
-
-
-
-
-

RECEIVED
AUG 31 1981
U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

RECEIVED
AUG 31 1981
OIL CON. COM.
DIST. 3

5. LEASE
SF 080066

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.
#79

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 5, T30N, R5W

12. COUNTY OR PARISH | 13. STATE
Rio Arriba | N.M.

14. API NO.
30-039-22705

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6513' 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.)*

8-19-81 Ran 254 jts (7924') of 2-3/8", 4.7#, J-55, EUE USS seamless & landed @ 7936' KB. SN on btm of btm jt. Pumped out plug & gauged well up tbg @ 1065 MCFD w/ a heavy mist. Well SI @ 1230 hrs 8-19-81. Turned over to production Department for IP Test. Rig released.

NOW WAITING ON IP TEST.

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 8-26-81
Donna J. Brace

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

SM