

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 <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other	5. LEASE SF 080066
2. NAME OF OPERATOR Northwest Pipeline Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 90, Farmington, N.M. 87499	7. UNIT AGREEMENT NAME San Juan 30-5 Unit
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 800 FNL & 800 FEL NE/NE AT TOP PROD. INTERVAL: 800 FNL & 800 FEL AT TOTAL DEPTH: 800 FNL & 800 FEL	8. FARM OR LEASE NAME San Juan 30-5 Unit
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. #80
	10. FIELD OR WILDCAT NAME Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6, T30N, R5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE N.M.
	14. API NO. 30-039-22706
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6505' KB

REQUEST FOR APPROVAL TO:      SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Location Clean Up		

(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.)\*

Location clean up and reseeding completed on 8-29-83

RECEIVED

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 9-20-83  
Donna J. Brace

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 05 1983

FARMINGTON RESOURCE AREA

BY EJB

\*See Instructions on Reverse Side

NMOCC

B  
djb/