

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: 1560 FNL & 850 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:

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5. LEASE

NM 012331

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.  
12A

10. FIELD OR WILDCAT NAME  
Blanco MV / Gobernador PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 31, T30N, R5W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
N.M.

14. API NO.

30-039-22729

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6819' GR

(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.)\*

7-27-81 to 8-1-81 Blowing PC & MV w/ compressor.

8-2-81 Set Model "F" Production Pkr @ 3900'. Ran 190 jts of 2-3/8", 4.7# J-55 EUE & set @ 5954'. Ran 112 jts of 1-1/4" 2.33, J-55 IJ & set @ 3772'. Pumped out plugs and gauged well. Rig released @ 0600 hrs 8-2-81. Well SI.

NOW WAITING ON CLEAN UP AND 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 8-13-81  
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

NMOCC