

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: 1980 FSL & 2100 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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☐
☐
☐
☐
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☐
☐

5. LEASE
NM 012332

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.
#74

10. FIELD OR WILDCAT NAME
Blanco MV/ Gobernador PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34, T30N, R5W

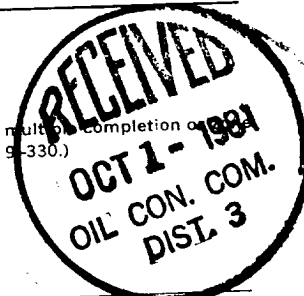
12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.
30-039-22754

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7952' GR

(NOTE: Report results of multiple completion or 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.)*
9-25-81 ATP 1350 psi, AIR 33 BPM, MTP 1900 psi, MIR 34 BPM. TIH w/ 2-3/8" tbg & 3-7/8" mill to clean out after frac.

9-26-81 Blowing PC w/ compressor.
9-27-81 Blowing PC w/ compressor.
9-28-81 Blowing PC & MV w/ compressor.

SEP 29 1981

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED Donna J. Brace TITLE Production Clerk DATE 9-28-81
Donna J. Brace (This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

NMOCC

*See Instructions on Reverse Side