

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-012299
2. NAME OF OPERATOR Northwest Pipeline Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3539 East 30th Street - Farmington, NM 87401	7. UNIT AGREEMENT NAME San Juan 31-6 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW/NE 1490' FNL & 790' FEL	8. FARM OR LEASE NAME San Juan 31-6 Unit
14. PERMIT NO.	9. WELL NO. #201
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6437' GR	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1G, T30N, R6W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, of Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Drilling Operations

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

12-09-89: MOL & RU. Drilled RH & MH. Spudded well at 2030 hrs 12/9/89. Ran 5 jts (217') 9-5/8", 32.3#, H-40, ST&C, USS smls csg. Set at 230'. Cemented w/ 210 sx (250 cu.ft.) C1 "B" w/ 3% CaCl₂ & 1/4# cele-flake/sk. Displaced w/ 16 bbls wtr. Good circulation throughout job. Circulated 16 bbls good cement to surface. Plug down at 0315 hrs 12-10-89.

12-11-89: Drilling w/ Benex.

12-12-89: TD'd intermediate hole. Circulated & conditioned hole. RU casers and ran 71 jts (3076') 7", 23#, K-55, ST&C, CF&I smls csg. Set at 3089' KB. FC at 3044' KB. Cemented w/ 350 sx (725 cu.ft.) C1 "G" 65/35 poz w/ 12% gel. Tailed w/ 75 sx (89 cu.ft.) C1 "G". Displaced w/ 121 bbls wtr. Good circulation during job. Plug down at 1615 hrs 12/13/89.

12-14-89: Ran temperature survey, found TOC at 275'.

RECEIVED
MAR 16 1990
OIL CON. DIV.
DIST. 3

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

SIGNED

Carrie Harmon
Carrie Harmon

TITLE Production Assistant

Accepted For Record

(This space for Federal or State office use)

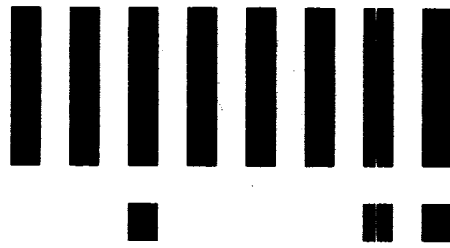
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side



LTR



Job separation sheet

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Completion operations <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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 dip angles of the formation, and give zones pertinent to this work.) *

12-21-89: MOL & RU.

12-23 thru 12-25: Shut down.

12-26-89: Finished RU. Tested csg to 2000# - ok.

12-27-89: Blowing hole at TD w/ 3.0 MMSCF/D of air and 3 BPM water. Drilled cement from 3010' to 3087'. Drilled formation from 3087' to 3218'. Coal zones at 3132'-34', 3136'-38', 3142'-44', 3196'-3208', 3212'-14'. Total 22' of coal.

12-29 thru 1-1: Blowing well.

1-2-90: Blew well clean & TOH. Ran 5 jts (227') of 5-1/2", 23#, P-110, LT&C, USS smls w/ TIW JGS liner hanger. Set liner from 2990' to 3217'. PBDT at 3215'. Ran GR/CCL & perferd 3190'-3214' w/ 4 spf (.078") and 3128'-3150' w/ 4 spf (.078"). Total of 184 holes. Ran 101 jts (3171') of 2-7/8", 6.4#, J-55, NUE, Agrentina. Landed at 3184' (seating nipple at 3151').

1-3-90: Finished NU wellhead. Pumped plug. Gauged well up tubing at 286 MCF/D. Rig down, began moving.

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

SIGNED Carrie Harmon TITLE Production Assistant DATE 2-2-90
(This space for Federal or State office use)

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

*See Instructions on Reverse Side