

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.)

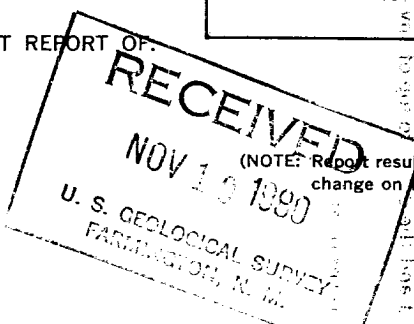
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Northwest Pipeline Corporation
3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1820 FSL & 810 FWL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same 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) Commence Drilling

SUBSEQUENT REPORT OF:

- ☐
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☐
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5. LEASE SF 078773
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Rosa Unit
8. FARM OR LEASE NAME Rosa Unit
9. WELL NO. #77
10. FIELD OR WILDCAT NAME Blanco MV & Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33 T31N R5W
12. COUNTY OR PARISH Rio Arriba
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.)*

11/5/80

Spudded 12-1/4" surface hole at 2200 hrs. Drld to a depth of 336'.

11/6/80

Drld to 336' with 12-1/4" bit. Reamed out with 17-1/4" reamer to 336'. TOH. Ran 7 jts (315') of 10-3/4", 40.5#, K-55, ST&C set at 329'. Cemented with 450 sx Cl "B" with 3% CaCl₂ & 1/4# flocele/sx. Displaced plug with 28 bbls of water and down at 2030 hrs. Circulated out 28 bbls cemented.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna Brace TITLE Production Clerk DATE 11/7/80

(This space for Federal or State office use)

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

NMOC