

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

SF-078998

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Northwest Pipeline Corporation</p> <p>3. ADDRESS OF OPERATOR 3539 East 30th Street - Farmington, NM 87402</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 795' FSL &amp; 1004' FWL NE/SW</p> <p>14. PERMIT NO.</p>	<p>7. UNIT AGREEMENT NAME San Juan 32-7 Unit</p> <p>8. FARM OR LEASE NAME San Juan 32-7 Unit</p> <p>9. WELL NO. #227</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T31N, R7W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6540' GR</p>	

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

<p>TEST WELL SHUT-OFF <input type="checkbox"/></p> <p>FRAC TREATMENT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) _____</p>	<p>PULL UP ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>REPAIR PLANS <input type="checkbox"/></p>
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SUBSEQUENT REPORT OF:

<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRAC TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) _____</p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input checked="" type="checkbox"/></p>
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(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.)\*

11-4-90: MOL & RU. Drilled MH & RH. Spudded well at 1600 hrs 11/4/90.

11-5-90: TD'd surface hole at 529' w/ spud mud. Ran 12 jts (495') 9-5/8", 36#, K-55, ST&C, USS smls csg. Set at 513'. Cemented w/ 275 sx (327 cu.ft.) C1 "B" w/ 3% CaCl<sub>2</sub> and 1/4# cello-flake/sk. Circulated 17.7 bbls cement. WOC 12 hrs. NU BOP. Pressure tested pipe and blind rams to 1500#, held ok.

11-6-90: Drilling w/ water.

11-7-90: TFB. Conditioned hole & TOH & LDDP.

11-8-90: Ran 7 jts (3099') 7", 23#, K-55, LT&C, ST&C, USS smls csg. Set at 3113' KB. FC at 3069' KB (top of coal at 3128'). Cemented w/ 360 sx (745 cu.ft.) C1 "B" 65/35 poz w/ 12% gel & 1/4# cello-flake/sk. Tailed w/ 75 sx (89 cu.ft.) C1 "B" w/ 2% CaCl<sub>2</sub> and 1/4# cello-flake/sk. Circulated 20 bbls cement. Plug down at 1030 hrs 11/8/90. ND BOP. Set 55,000# on slips and cut off. Set tubing head and tested secondary seal - held ok.

11-9-90: RU for completion.

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

SIGNED Carrie Harmon TITLE Production Assistant DATE 11-12-90  
Carrie Harmon

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**

NOV 29 1990

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY [Signature]

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