

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. SF-078772
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 Rosa Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE/NE 1850' FNL x 790' FEL		8. FARM OR LEASE NAME Rosa Unit
14. PERMIT NO.		9. WELL NO. #118
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6649' GR		10. FIELD AND POOL, OR WILDCAT Basin DK/Undes. Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35H, T32N, R6W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	Remedial Work		

(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.)*

10-09-89: MOL & RU service unit. RIH with circulating tubing plug to test tubing for leaks. Set plug at 7765' (top of packer at 7819'). Pressure tested tubing to 500#. Held for 5 minutes then bled to zero in 1 minute. Released tubing plug and reset at 7000' (top Gallup perf at 7214'). Pressure tested tubing to 500#. Did not hold. Bled to zero in 20 seconds. Pull out of hole with slick line tubing plug to check rubbers. RIH with tubing plug and set at 7785'. ND wellhead & NU BOP. Released retrievematic packer. TOH w/ 15 stands 2-3/8" tubing, packer at approximately 6890'. Visually inspected tubing during TOH.

10-10-89: TOH with remaining 232 joints of 2-3/8" tbg & retrievematic packer. TIH w/ packer on 263 jts 2-3/8", 4.7#, J-55, 8rd EUE tbg. Set packer at 7842' KB and landed tubing at 8258' KB. ND BOP & NU tubing bonnet. Pressure tested tubing to 700# for 20 minutes, held ok. NU wellhead. Rig released at 1800 hrs 10/10/89.

RECEIVED

AUG 28 1990

OIL CON. DIV.
DIST. 3

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

SIGNED Carrie Harmon

TITLE Production Assistant

DATE 8-3-90

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE AUG 22 1990

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY MT