Form 9 (May				5. LEASE DESIGNATION AND SERIAL NO. SF 078543				
	SUNDRY NOT (Do not use this form for propo Use "APPLIC.	ICES AND REPOR			6. IF I	NDIAN, ALLOTTEE	OR TRIBE NAME	
1. OIL GAS WE',L WELL X OTHER 2. NAME OF OPERATOR			All Comments			7. UNIT AGREEMENT NAME San Juan 32-7 Unit 8. FARM OR LEASE NAME		
3. AD	Northwest Pipeline Corporation ADDRESS OF OPERATOR					San Juan 32-7 Unit 9. WELL NO.		
Se	P. O. Box 90 Fa CATION OF WELL (Report location of e also space 17 below.) surface	mington, New Mexico arly and in accordance with any State requirements.*			10. Fig	2 (OWWO) 10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde		
	1650' FSL & 1650'	FWL				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
14. PE	RMIT NO.	15. ELEVATIONS (Show who	ther DF, RT, GR,	etc.)	12. co	DNTY OR PARISH	13. STATE	
		66501)F		San	Juan	New Mexico	
16.	Check A			of Natice, Report, a	r Other De	ata		
	Check Appropriate Box To Indicate Nature of Notice, Report, or O					ENT REPORT OF:		
_					,	REPAIRING W		
		MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT		ALTERING CA		
	HOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMEN		
R		CHANGE PLANS		(Other)				
	Other) Squeeze, case c perf. and s/w f scribe Proposed on COMPLETED OP proposed work. If well is directi nent to this work.)* In order to incre	ERATIONS (Clearly state all ponally drilled, give subsurfa			mpletion Re tes, includin rtical depths	port and Log for g estimated date for all markers	m.) of starting any and zones perti-	
		e following manne	-	ned to workove	r and re	estimulate		
	Pull tubing. If casing shoe and	pull.						
	Set a drillable c the open hole w Pressure test the	ith 200 sacks of	cement.	oftom of the /	" casing	g and sque	eeze	
	Isolate and squee No other squeeze	ze any casing leacementing is plan	aks. nned sinc	e the well rec	ords in	dicate		
	This hole will be junk left in ho A full string of casing shoe.	le at 5792' duri	drilled	tion operation	in 195	3.	e	
	The productive intervals of the Mesa Verde formation will be perforated and stimulated by sand-water fracture treatments.							
	GNED O.B. Whiten	Excluse TITLE	Sr. P	rod. & Drlg. E	ngr. ı	DATE July	15, 1975	
Al	This space for Federal or State off	TITLI	o		1	ATE	-	
CC	ONDITIONS OF APPROVAL, IF	ANY:						