

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03190

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.)

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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

840' FSL & 2210' FEL

7. UNIT AGREEMENT NAME

Cox Canyon Unit

8. FARM OR LEASE NAME

Cox Canyon Unit

9. WELL NO.

7A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17, T32N, R11W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6785' GR

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐

(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.)*

7-25-76 MOL & RU. Spud at 8:00 PM. Drilled 12 1/4" hole to 234'.

7-26-76 Ran 6 jts. (214') 9 5/8", 36#, K-55 casing set at 228'. Cemented with 115 sxs. Cl. "B" w/1/4# gel flake/sx and 3% CC. Cmt. circulated. WOC. Pressure tested casing and BOP's to 600 psi for 30 minutes, held OK.

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

SIGNED

D. H. Maroncelli
D. H. Maroncelli

TITLE

Production Engineer

DATE

7-27-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

