

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 ☒ other2. NAME OF OPERATOR  
Northwest Pipeline Corporation3. ADDRESS OF OPERATOR  
PO Box 90, Farmington, New Mexico 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 920' FSL & 1660' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐☐  
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☐  
☐  
☐

(other) "Completion Operations"

5. LEASE

SF 078998

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 32-7 Unit

8. FARM OR LEASE NAME

San Juan 32-7 Unit

9. WELL NO.

50

10. FIELD OR WILDCAT NAME

Undesignated Pictured Cliffs

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

Sec 34 T32N R7W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6740' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

5-25-79 Ran GR-CCL. Perfed 3779' to 3542' w/ 15 shots. Pumped 500 gal 7-1/2% HCl acid w/ 30 balls. Balled off @ 4000 psig. Pumped 5000 gal pad followed by 50,000# 10/20 sand @ 1 PPG. Flushed w/ 21.5 BW. All frac fluid contained 2-1/2# FR/1000 gal. AIR 25 BPM, MIR 27 BPM, AIP 3800 psig, MIP 4000 psig. ISIP 700 psig, 15 min 600 psig, 30 min 550 psig. 1105 bbls to recover. Frac job complete @ 2030 hrs

5-26-79 Gauged well @ 2779 MCFD &amp; SI for IP Test.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Barbara C. Key TITLE Production Clerk DATE June 1, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



JUN 5 1979