1. oil

well

AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

Prod csg &

REPAIR WELL

ABANDON*

(other)

gas

well

X

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Duuget Duleau No. 42-R1424
	5. LEASE
1	SF 078543
_	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.
	#28 A
	10. FIELD OR WILDCAT NAME
	Blanco Mesa Verde
_	11. SEC., T., R., M., OR BLK. AND SURVEY OR
	Sec 35, T32N, R7W
	12. COUNTY OR PARISH 13. STATE
	San Juan Co., N.M.
	14. API NO.
,	30-045-25084

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.)

NAME OF OPERATOR
 Northwest Pipeline Corporation
 ADDRESS OF OPERATOR
 P.O. Box 90, Farmington, N.M. 87401
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 920 FNL & 1580 FWL
 AT TOP PROD. INTERVAL: Same as above

other

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

Same as above

SUBSEQUENT REPORT OF:

(NOTE: Report results of multi change on Form 9-300

6632' GR

AUG2 4 1981 OIL COM. COM.

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.)*

FARLIGHTON, N. C. M.

8-1-81 Reached TD of 6094'. GO ran IES & Neutron Density Gamma Ray logs. Loggers TD of 6094'. Ran 75 jts (2397') of 4-1/2", 10.5#, K-55, ST&C & Set from 3693' to 6090'. HOWCO cmt'ed w/ 235 sx Cl "B" w/ 4% gel & 12-1/2# fine gils/sx. Preceded w/ 30 bbls gel wtr & down & @ 1400 hrs. Reversed out 3 bbls cmt. Released rig @ 1800 hrs 8-1-81.

NOW WAITING ON COMPLETION

Subsurface Safety Valve: Manu. and Typ		
18. I hereby certify that the foregoing is	true and correct	on Clerk DATE 8-18-81
UUIIIIA_U/_UII ACE	(This space for Federal or	State office use)
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	ACCEPTED FOR BECORD

*See Instructions on Reverse Side

4.1G 2 1. 1981