| orm 9–331  | Budget Bureau No. 42-R1424   |
|--|--|
| UNITED STATES  | 5. LEASE   |
| DEPARTMENT OF THE INTERIOR   | SF 079380  |
| GEOLOGICAL SURVEY  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| THE DEPOSITE ON I  | WELLS 7. UNIT AGREEMENT NAME   |
| SUNDRY NOTICES AND REPORTS ON V  | San Juan 32-8 Unit   |
| SUNDRY NOTICES AND REPORTS  Do not use this form for proposals to drill or to deepen and Doack eservoir. Use Form 9–331–C for such proposals.)  OIL CON. C |  |
| 1. oil gas well other DIST.  | #45  |
| 2. NAME OF OPERATOR Northwest Pipeline Corporation   | 10. FIELD OR WILDCAT NAME  |
| 3. ADDRESS OF OPERATOR   | Blanco MV / So Los Pinos PC  |
| p o Roy 90 Farmington, N.M. 87401  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. Se   | Sec 14, T32N, R8W  |
| helow.)  | 12. COUNTY OR PARISH 13. STATE   |
| AT SUBFACE: 1825 FS! & 1640 FWL  | San Juan New Mexico  |
| AT TOP PROD. INTERVAL: Same as above AT TOTAL DEPTH: Same as above   | 14. API NO.  |
|  |  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7077' GR   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REP  |  |
| TEST WATER SHUT-OFF  | and the state of t |
| FRACTURE TREAT   | The Carlotte of the Carlotte o |
| SHOOT OR ACIDIZE 님   | (NOTE: Report results of multiple completion or zone   |
| REPAIR WELL PULL OR ALTER CASING   | DEC 2 (03) change on Form 9-330.)  |
| TIPLE COMPLETE !!  |  |
| CHANGE ZONES   | S. O. BERGET AN ESTIMARY  FARMONIST DIN 18 AV  |
| ABANDON*   | The same of the sa |
| (other)  | " timet details and give pertinent dates,  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS including estimated date of starting any proposed wo measured and true vertical depths for all markers and   | S (Clearly state all pertinent details, and give pertinent dates, ork. If well is directionally drilled, give subsurface locations and zones pertinent to this work.)*   |
| 12-29-81 Blowing PC w/ compressor.   | ·  |
| 12-30-81 Preparing to drill bridge p   | olug.  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Subsurface Safety Valve: Manu. and Type  | Set @ Ft   |
| A to a main is true and correct  |  |
| SIGNED LORMO 1 Brace TITLE Pr  | oduction Clerk DATE Dec 30, 1981   |
| Donna J Brace (This space for F  | Federal or State office use)   |
|  |  |
| APPROVED BY TITLE  | ACCEPTED FOR RECORD  |

djb/ 5

JAN 05 1982