

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 other ☐
2. NAME OF OPERATOR
Northwest Pipeline Corporation
3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1825 FSL & 1640 FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- ☐
☒
☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF 079380
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 32-8 Unit
8. FARM OR LEASE NAME
San Juan 32-8 Unit
9. WELL NO.
San Juan 32-8 Unit
10. FIELD OR WILDCAT NAME
#45
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14, T32N, R8W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-21528
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7077' 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.)*

12-31-81 Blowing PC & MV w/ compressor.

1-1-81 Blue Jet set 7" Baker Model "F" Production Pkr @ 4116.5 KB. Ran 203 & jts (6314') of 2-3/8", 4.7#, 8rd EUE J-55 tbg & landed @ 6326' w/ SN
1-2-81 @ 6320' KB. Ran 118 jts (3987') of 1-1/4", 2.33#, IJ J-55 tbg & landed @ 3999' w/ SN @ 3993' KB. Pumped out plug & gauged up tbg strings
Rigged down service unit & released rig @ 0600 hrs 1-2-82. Well turned over to Production Department.

NOW WAITING ON IP TEST.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Donna J. Brace TITLE Production Clerk DATE Jan 4, 1982
Donna J. Brace

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY _____

TITLE _____

DATE _____

ACCEPTED FOR RECORD

djb/ 6

*See Instructions on Reverse Side

NMOCC

JAN 07 1982

FARMINGTON DISTRICT

BY SNH