

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS

(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: 1570 FNL & 930 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:

☐
☒
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☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF 079353

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.
#40A

10. FIELD OR WILDCAT NAME

Blanco Mesa Verde

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

Sec 33, T32N, R8W

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

14. API NO.
30-045-25131

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

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.)*

1-2-82 & 1-3-82 MOL & RU. PU 3-7/8" bit on 2-3/8" tbg & cleaned out to 6167' KB. Circ hole & pressure test to 3500# - held OK. Spotted 750 gal of 7-1/2% HCl across perfs. Blue Jet ran Gr/CCl & perfed 21 holes from 5686' to 6140' KB. Dowell broke down formation w/ 1000 gal of 7-1/2% HCl & dropped 40 balls. Good ball action & balled off. Ran junk basket but rec'd 0 balls. Dowell fraced w/ 10,000 gal pad of treated wtr and 100,000# 20/40 sand @ 1-2 ppg. Total fluid 1790 bbls. AIR 57 BPM; MIR 60 BPM; ATP 1800#; MTP 2000#. ISIP 0#. Job done @ 0040 hrs 1-3-82. Cleaning up after frac.

1-4-82 Blowing well w/ MV after frac.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna J Brace TITLE Production Celrk DATE January 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

JAN 07 1982

FARMINGTON DISTRICT

*See Instructions on Reverse Side

djb/ 3

NMOCC

BY _____