

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. 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1800 FNL & 1810 FEL SW/NE
AT TOP PROD. INTERVAL: 1800 FNL & 1810 FEL
AT TOTAL DEPTH: 1800 FNL & 1810 FEL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Location Clean Up		

5. LEASE
SF 078772
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Rosa Unit
8. FARM OR LEASE NAME
Rosa Unit
9. WELL NO.
#90
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33, T32N, R6W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-25370
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6401' KB

(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.)*

Location clean up and reseeding completed on 9-14-83

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 Clerk DATE 9-20-83
Donna J. Brace

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

ACCEPTED FOR RECORD

B
djb/

*See Instructions on Reverse Side

MOCC

OCT 05 1983

FARMINGTON RESOURCE AREA

BY EDM