

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: 940 FNL & 1080 FEL
AT TOP PROD. INTERVAL: 940 FNL & 1080 FEL
AT TOTAL DEPTH: 940 FNL & 1080 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) Unit Agreement Name & Lease Name change

5. LEASE
SF 078543
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 32-7 Unit Com
8. FARM OR LEASE NAME
San Juan 32-7 Unit Com
9. WELL NO.
#81
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33, T32N, R7W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6670' KB

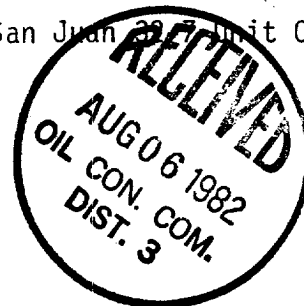
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

We would like to change the Unit and Lease Name to The San Juan 32-7 Unit Com #81

Old Name: San Juan 32-7 Unit #81

New Name: San Juan 32-7 Unit Com #81



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

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

SIGNED Donna J. Grace TITLE Production Clerk DATE July 27, 1982
Donna J. Grace

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 5 1982

*See Instructions on Reverse Side

BY smm

NMOCC

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djb/ 1