

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: 1080 FNL & 1540 FEL NW/NE
AT TOP PROD. INTERVAL: 1080 FNL & 1540 FEL
AT TOTAL DEPTH: 1080 FNL & 1540 FEL
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) Tbg set

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF 078542
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 32-7 Unit
8. FARM OR LEASE NAME
San Juan 32-7 Unit
9. WELL NO.
#46
10. FIELD OR WILDCAT NAME
Blanco MV / So Los Pinos PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34, T32N, R7W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-25393
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6763' 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.)*

11-28-82 Set model "F" production packer at 4050'. Ran 200 jts of 2-3/8" 4.7#, N-80, EUE smls & set at 6277'. Ran 114 jts of 1-1/4" 2.33#, J-55, IJ & set at 3887'. NU wellhead. Pumped out plugs. gauged well up tbg MV - 1374 MCF/D, PC - 1520 MCF/D. Shut in at 1600 hrs 11-28-82. Rig released at 1800 hrs 11-28-82.

NOW WAITING ON IP TEST.

RECEIVED

JAN 2 7 1983

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 January 17, 1983

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

TITLE _____

DATE _____
ACCEPTED FOR RECORD

B
djb/3

*See Instructions on Reverse Side

NMOCC

JAN 24 1983

FARMINGTON DISTRICT