

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: 1450 FSL & 1520 FWL NW/SW
AT TOP PROD. INTERVAL: 1450 FSL & 1520 FWL
AT TOTAL DEPTH: 1450 FSL & 1520 FWL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF 079333
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Rucker Lake
9. WELL NO.
#2
10. FIELD OR WILDCAT NAME
Wildcat Entrada
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 24, T25N, R2W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7396' KB

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:

RECEIVED

JUL 25 1983

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

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

7-12-83 MOL & RU. Spudded at 0300 hrs 7-12-83. Drlg surface hole w/ mud
7-13-83 Ran 13 jts of 9-5/8", 36#, K-55, ST&C CF&I smls csg & set at 522' KB.
cmt'd w/ 450 sx (536 cu.ft) Cl "B" w/ 1/4# gel flake/sk & 3% CaCl₂.
Displaced w/ 37.6 bbls wtr. Plug down at 1000 hrs 7-13-83. Circ out
15 bbls good cmt.
7-14-83 to 7-18-83 Drlg ahead w/ mud.

RECEIVED
JUL 26 1983
OIL CON. DIV.
DIST. 3

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 7-19-83
Donna J. Brace

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

B djb/ 2

JUL 26 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY Sm