

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, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1000' FNL & 1720' FEL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

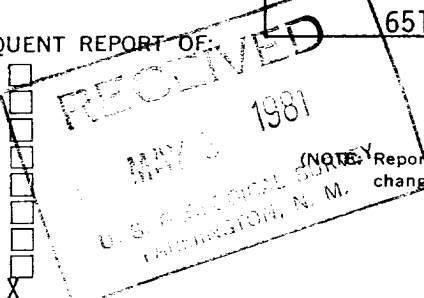
REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Drlg Operations:

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☒



5. LEASE
SF 080066
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 30-5 Unit
8. FARM OR LEASE NAME
San Juan 30-5 Unit
9. WELL NO.
#79
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 5, T30N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-22705
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6513' GR

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.)*

4-27-81 GO ran IES & Neutron Density Gamma Ray logs.

4-28-81 Drld to a depth of 8067' (TD). Ran 241' jts (8055') of 4-1/2", 10.5# & 11.6#, K-55, ST&C and set at 8067'. BJ cmt'ed w/ 250 sx C1 "B" w/ 8% gel, 12-1/2# fine gil/sx & 0.4% HR-4. Tailed w/ 100 sx C1 "B" w/ 1/4# tuf-pl & 0.4% HR-4. Plug displaced w/ 128.5 bbls wtr and down at 1030 hrs 4-28-81. Wilson ran temp survey cmt top at 3300' w/ PBD at 8050'. Rig released at 1430 hrs 4-28-81

NOW WAITING ON COMPLETION.

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 5-7-81
Donna J. Brace

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAY 12 1981

FARMINGTON DISTRICT

djb/