

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 & 1800' 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:

SUBSEQUENT REPORT OF:

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

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(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.)\*

Sept 19-21, 1980  
Drilling ahead.

Sept 22, 1980  
Drilled to 3661'. Ran 118 jts (3639') of 7", 20#, K-55, ST&C set at 3653' KB BJ cemented with 70 sx Cl "B" 65/35 poz and 12% gel. Tailed with 75 sacks Cl "B" with CaCl<sub>2</sub>. Displaced with 146 bbls of water and down at 2355 hrs.

Sept 23, 1980  
Wilson ran temp survey and found top of cement at 2400' (Ojo Alamo at 2597'). PBSD at 3603'. Blew hole dry with gas. Drilling ahead with gas.

Sept 24-27, 1980  
Drilling ahead.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED

Donna Brace

TITLE Production Clerk DATE

September 30, 1980

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY OGT 04 1980  
CONDITIONS OF APPROVAL ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

BY RN

FARMINGTON DISTRICT

\*See Instructions on Reverse Side

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