Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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: 1560 FWL & 1120 FSL SE/SW
AT TOP PROD. INTERVAL: 1560 FWL & 1120 FSL
AT TOTAL DEPTH: 1560 FWL & 1120 FSL

5. LEASE
SF 078766

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Rosa Unit

8. FARM OR LEASE NAME
Rosa Unit

9. WELL NO.
#59

10. FIELD OR WILDCAT NAME
Undesignated Gallup/Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 25, T31N, R6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6400' GR

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) Change of Operator		

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

RECEIVED
OCT -6 1983
OIL CON. DIV.
DIST. 3

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 name of the operator from Northwest Pipeline Corporation to the new operator:

Amoco Production
501 Airport Drive
Farmington, N.M. 87401

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

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

SIGNED Paul C. Thompson   TITLE Sr. Drlg Engineer   DATE 9-27-83
      Paul C. Thompson

(This space for Federal or State office use)

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

PCT/djb 2

*See Instructions on Reverse Side

NMOCC