

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: 1850 FSL & 790 FWL NE/SW
AT TOP PROD. INTERVAL: 1850 FSL & 790 FWL
AT TOTAL DEPTH: 1850 FSL & 790 FWL
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* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Change of Operators

5. LEASE
SF 078764
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Rosa Unit
8. FARM OR LEASE NAME
Rosa Unit
9. WELL NO.
#97
10. FIELD OR WILDCAT NAME
Undesignated Gallup/Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 31, T31N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6545' GR

RECEIVED
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
OCT-6-1983
OF 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

B
PCT/djb 3

ACCEPTED FOR RECORD

OCT 04 1983

*See Instructions on Reverse Side

AMOCO

FARMINGTON RESOURCE AREA

BY gmm