

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. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1670' FSL & 1100' FEL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

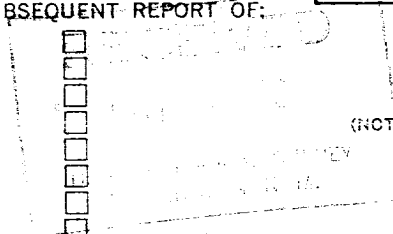
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

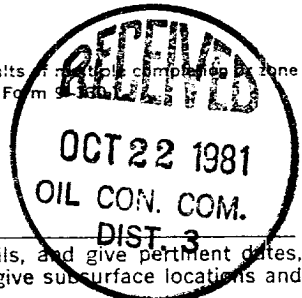
- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*

(other) Change Proposed Casing program.

SUBSEQUENT REPORT OF:



(NOTE: Report results of tests completed by zone change on Form 9-331-C)



5. LEASE
NM 013364

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 32-8 Unit

8. FARM OR LEASE NAME
San Juan 32-8 Unit

9. WELL NO.
#11A

10. FIELD OR WILDCAT NAME
Basin Dakota/ Blanco MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 21, T31N, R8W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6580' 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.)*

We would like to change the casing, hole size and the weight on this location from
12-1/4", 9-5/8", 36# to 13-3/4", 10-3/4", 40.5#
8-3/4", 7", 20# to 9-7/8", 7-5/8", 26.4#
6-1/4", 4-1/2", 10.5# & 11.6# to 6-3/4", 5-1/2", 17.0#.

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 10-15-81
Donna J. Brace

(This space for Federal or State office use)
APPROVED BY Dean Elliott TITLE ACTING SUPERVISOR DATE OCT 15 1981
CONDITIONS OF APPROVAL, IF ANY:

on 2

NMOCC