

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SFO78542

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR

PO Box 90, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1800' FSL & 1610' FWL

7. UNIT AGREEMENT NAME

San Juan 32-7 Unit

8. FARM OR LEASE NAME

San Juan 32-7 Unit

9. WELL NO.

#45

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35 T32N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6572' GR

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT.

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

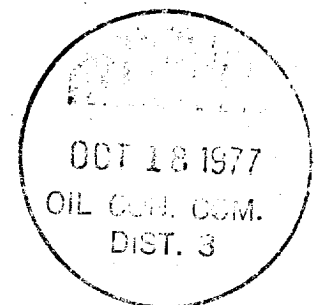
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

10-5-77

Tested 2 7/8" csg to 4000 psi. Held OK. Ran GR-CCL to 3623' KB & perfed 12 holes from 3518' to 3596'. Pumped 500 gal 15% HCl & dropped 25, 5/8" ball sealers. Fraced w/ 50000# 10/20 sand @ 1 ppg w/ treated wtr. ISIP = 600 psi, 5 min = 500 psi, 10 min = 490 psi, 15 min = 480 psi. AIR = 23 BPM, MIR = 25 BPM, AIP = 3750 psi, MIP = 3930 psi. Job complete @ 1330 hrs.



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

SIGNED

Barbara C. Rex

TITLE

Production Clerk

DATE

10-11-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

RECEIVED

OCT 17 1977