

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03189

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

1080' FSL & 1450' FEL

7. UNIT AGREEMENT NAME

Cox Canyon Unit

8. FARM OR LEASE NAME

Cox Canyon Unit

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs

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

Sec 9 T32N R11W

14. PERMIT NO.

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

6598' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☒

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

8-29-77 Tested csg to 4000#. Held OK. Ran Gamma Ray Density & I-ES LOGS. Perfed 34 holes from 3286' to 3320' with 1 shot per ft. Broke down formation & pumped 250 gals 15% HCl w/ 5000 gals pad. Fraced w/ 40,000# 10/20 sand. MIR = 28 BPM. AIR = 20 BPM. MIP = 4000 psi. AIP = 3100 psi. ISIP = 0 psi.

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

SIGNED

Barbara C. Lee

TITLE

Production Clerk

DATE

9-13-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: