

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078231

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Cox Canyon Unit
2. NAME OF OPERATOR Northwest Pipeline Corporation	8. FARM OR LEASE NAME Cox Canyon Unit
3. ADDRESS OF OPERATOR P.O. Box 90 - Farmington, New Mexico 87401	9. WELL NO. Com. #19
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1125' FNL & 1450' FWL	10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6372' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, R32N, T11W
	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"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> "Summary"		<input checked="" 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.)*

7-12-77 Spud 12 1/4" hole. Drilled to 136' KB. Ran 8 5/8" csg. set at 136' KB. Cemented with 85 sks. Class "B" with 1/4# of flocele/sk. Wait until MOL with rotary rig.

7-19 to 7-22 Drilled to 3204, 6 3/4" hole, with mud.

7-23-77 Ran I-ES & Density logs.

7-24-77 Ran 2 7/8" csg. set at 3200'. Cemented with 120 sks. Class "B" 65/35 poz with 12% gel and 12 1/2 lbs. fine gilsonite per sack followed by 50 sks. Class "B". Top of cement at 1625' by temp. survey.

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

SIGNED J. P. SlatteryTITLE Drilling EngineerDATE Aug. 1, 1977

(This space for Federal or State office use)

RS/ch

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

AUG 3 1977