Form 3160-5

UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 1004-0135

(November 1983) (Formerly 9–331) DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side) BUREAU OF LAND MANAGEMENT	5. LEASE ESIGNATION AND SERIAL NO. SF 078543
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER	San Juan 32-7 Unit
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Northwest Pipeline Corporation 3. ADDRESS OF OFERATOR	San Juan 32-7 Unit
3539 East 30th Street - Farmington, NM 87402 ¹¹	#47
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
1040' FNL & 1160' FEL	So. Los Pinos Ftld Sand/PC
1040 THE GIIOO TEE	SURVEY OR AREA
	75, T32N, R7W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) API #30-045-22982 6723 GR	San Juan New Mexico
	<u> </u>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C	•
NOTICE OF INTENTION TO:	JENT RUPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
REPAIR WELL CHANGE PLANS (Other)	
(Other) Pool name X (Norg: Report results Completion or Recompl	of multiple completion on Well letion Report and Log form.)
The referenced well is in So. Los Pinos Fruitland Sand Pictured	Cliffs field and pool.
DECEIVED DECEIVED OCT 251	
OIL CON	DIM
VDIST.	
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18. I hereby certify that the foregoing is true and correct SIGNED Mike Turnbaugh TITLE Production Superintende	ent DATE 10-24-90

8. I hereby certify that the foregoing is true and cor		erintendent DATE 10-24-90
(This space for Federgi or State office use) APPROVED BY	TITLE	ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:		NOV 26 1990
		FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side