## UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424
	5. LEASE
	NM 33052
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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ļ	7. UNIT AGREEMENT NAME
t	***************************************
	8. FARM OR LEASE NAME
	Middle Mesa
	9. WELL NO.
	2
	10. FIELD OR WILDCAT NAME
	South Los Pinos Fruitland-PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
7	AREA
	Sec 33 T32N R7W
	12. COUNTY OR PARISH 13. STATE
	San Juan New Mexico
	14. API NO.

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 difference reservoir. Use Form 9–331–C for such proposals.) gas well  $\mathbf{L}$ well other 2. NAME OF OPERATOR Northwest Exploration Company 3. ADDRESS OF OPERATOR P.O. Box 90, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1) AT SURFACE: 1520' FSL & 1640' FEL AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* (other)

- 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.)\*
- Install BOP & TIH w/ 1-1/2" tbg to 3710'. Tested csg to 3800 psi, 8-16-78 Spot 500 gal 7-1/2% HCl & TOH w/ tbg. Ran GR-CCL & perfed from 3468' to 3661' w/ 18 shots. Broke down & pumped 1000 gal 7-1/2% HCl w/ 36 balls.
- Landed 1-1/2" tbg @ 3425'. Nippled down BOP & nippled up wellhead. 8-17-78
- Fraced w/ 10,000 gal pad slick water followed by 100,000# 10/20 sd, 8-18-78 Total fluid pumped 70,560 gal. Frac job complete @ 1725 hrs.



Subsurface Safety Valve: Manu. and Type \_

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

TITLE Production Clerk DATE August 28, 1978

TITLE

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED RY

DATE

AUG 31 1978