Form Approved.

Budget Bureau No. 42-R1424

UNITED STATES

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	USA SF 078460
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME San Juan 32–7 Unit
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1 oil goo	San Juan 32–7 Unit
1. oil gas X other	9. WELL NO.
2. NAME OF OPERATOR	60° #8 9° 9° 18° 18° 18° 18° 18° 18° 18° 18° 18° 18
Northwest Pipeline Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota 🐇 🖟 👸
P. O. Box 90, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA GOODE DOWN
below.)	Sec 20 T32N R7W
AT SURFACE: 830' FEL & 900' FNL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH:	14. API NO
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-23688
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6464 'GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	to top by the by the bund bund bund bund bund bund bund bund
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.) The distribution of the change of t
MULTIPLE COMPLETE	
ARANDON#	Second Se
(other) ''Commence Drilling'' X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	2. 1
including estimated date of starting any proposed work. If well is d	irectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertiner	nt to this work.)* 기원 등 등 기원
1-7-80 Spudded 12-1/4" surface hole @ 2300 hrs	
1-8-80 Drld to 382'. Ran 9 jts of 9-5/8", 36#	, K-55, ST&C csg set @ 375'.
Cmted w/ 260 sks C1"B" w/ 1/4# gel flak	
4 bbls cmt. WOC. Pr tested to 600 psi	g, for 30 min, OK.
1-9-80 Started drlg 8-3/4" hole.	
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	La JAN I Riggie i
	PHE PANES OF THE
	A SOLVE SAME A
Subsurface Safety Valve: Manu. and Type	Ft
18. I hereby certify that the foregoing is true and correct	
SIGNED Barbara C. Key TITLE Production CI	erk DATE 1-11-80
(This space for Federal or State off	ice use)
ACCEPTED FOR RECORD	DATE
CONDITIONS OF APPROVAL, IF ANY:	EJAN 1 5 toon 3
JAN 1 7 '80	
State	U. 🕹 ตี๊ริกิรักดเดล็น ๑เก็บริเต็

Decrargo DISTRICT
BY CLL

*See Instructions on Reverse Side

U. S. GEOEOGICAL SURVEY DURANGO, COLO.