

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other

2. NAME OF OPERATOR
Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1795' FNL & 1474' FEL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Drlg operations

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
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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.)*

1-8-81 Drlg ahead.

1-9-81 Ran 90 jts (3915') of 7", K-55, ST&C set at 3927' KB. Dowell cemented w/ 125 sx 65/35 poz w/ 12% gel. Tailed w/ 75 sx Cl "B" w/ 2% CaCl₂. Plug displaced w/ 157 bbls of wtr & down @ 1545 hrs. WOC. Blew down w/ N₂ w/ Howco.

1-10-81 to 1-12-81 Drlg ahead.

1-13-81 Loggers depth 8238'. Ran 212 jts (8227') (1590' of 11.6% & 6637' of 10.5) 4-1/2", K-55, ST&C set at 8239' KB. Dowell cemented w/ 275 sx Cl "B" w/ 65/35 poz w/ 8% gel & 12-1/2# fine gils/sx & 0.4% HR-4 & 100 sx Cl "B" w/ 1/4# tuf plug/sx & 0.4% HR-4. Plug displaced w/ 129 bbls wtr. Plug down @ 0030 hrs 1-14-81 Rlg released @ 0400 hrs 1-14-81. Set @ _____ Ft.

Subsurface Safety Valve: Many and Type

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

SIGNED Donna J. Brace TITLE Production Clerk DATE 1-20-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NMOCC