

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 ☐ well gas ☒ well 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: 970 FSL & 860 FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

5. LEASE
SF 078543

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 32-7 Unit

8. FARM OR LEASE NAME
San Juan 32-7 Unit

9. WELL NO.
#75

10. FIELD OR WILDCAT NAME
Blanco MV / So Los Pinos PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 27, T32N, R7W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. API NO.
30-045-25082

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6733' GR

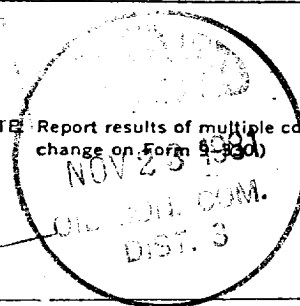
REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330)



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.)*

11-14-81 to 11-16-81 Blowing PC & MV w/ compressor.

11-17-81 to 11-18-81 Blue Jet set Baker 7" Model "F" production pkr @ 3830' KB.
Ran 191 jts (5993') 2-3/8", 4.7#, J-55, 9RD EUE tbg & landed @ 6005'.
w/ SN @ 5998' KB. Ran 107 jts (3656') 1-1/4", 2.33#, J-55 tbg & landed @ 3668' w/ SN @ 3661' KB. Pumped both plugs & gauged well.
Released rig @ 0600 hrs 11-18-81. Turned over to production department.

NOW WAITING ON IP TEST.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna J. Grace TITLE Production Clerk DATE 11-19-81
Donna J. Grace (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY.

ACCEPTED FOR RECORD

NMOCC

NOV 20 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY SAH

djb/