

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

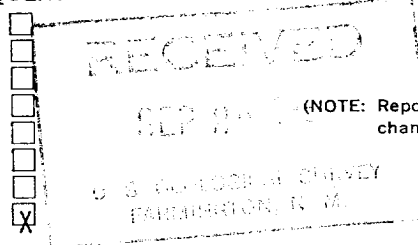
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1820 FNL & 790 FEL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

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* ☒ Drlg Operations
(other)

SUBSEQUENT REPORT OF:



5. LEASE

SF 079353

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 32-8 Unit

8. FARM OR LEASE NAME

San Juan 32-8 Unit

9. WELL NO.

#46

10. FIELD OR WILDCAT NAME

Blanco MV / So Los Pinos PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14, T32N, R8W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

14. API NO.

30-045-25127

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7007' GR

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.)*

9-15-81 Gearhart ran IES & SNP/CDL/GR logs. Loggers TD @ 6437'. Ran 73 jts (2295') of 4-1/2", 10.5#, K-55, ST&C # set from 4145' to 6440'. Float Collar @ 6407' KB. Dowell cmt'ed w/ 230 sx CI "B" w/ 4% gel & 12-1/2# fine gils/sx. Displaced plug w/ 56 bbls wtr & down @ 0700 hrs 9-15-81. Left 630' of cmt in pipe. Reversed out gelled wtr & NO CMT. Wilson ran temp survey: TOP OF Cmt @ 4350'. PBSD @ 5780'. Rig released @ 1200 hrs 9-15-81.

NOW WAITING ON COMPLETION.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Donna J. Brace TITLE Production Clerk DATE 9-28-81
Donna J. Brace

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

NMOCC



SEP 29 1981