

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, New Mexico 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

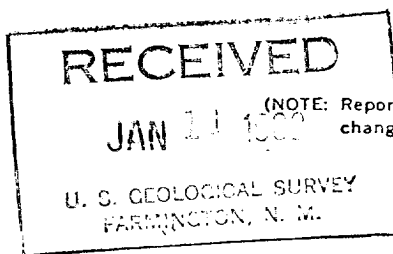
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐
☐
☐



5. LEASE
F 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
Undesignated PC/Blanco MV

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

12. COUNTY OR PARISH
San Juan

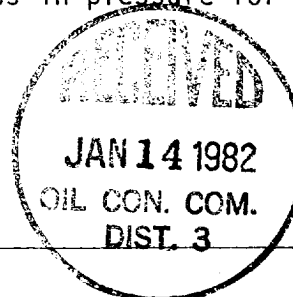
13. STATE
N.M.

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.)*

12-17-81 During the initial pressure test the reason for the decrease in pressure from 3500# to 2800# in 12 min was due to leaking valves on the pump truck. No valve was in the line to isolate the truck from the well. After the MV was fraced a bridge plug was set in the 4-1/2" csg below the liner hanger. The bridge plug and casing was pressure tested to 3500# with a different truck with no loss in pressure for a 15 min test.



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

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

SIGNED Paul C. Thompson TITLE Drlg Engineer DATE 1-7-82
Paul C. Thompson (This space for Federal or State office use)

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

NMOCC

ACCEPTED FOR RECORD

JAN 12 1982

PCT/djb 5

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY Sam