

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.)

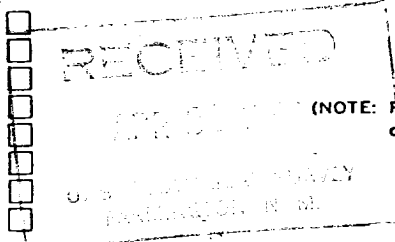
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Northwest Pipeline Corporation
3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1800 FNL & 1490 FEL
AT TOP PROD. INTERVAL: 1800 FNL & 1490 FEL
AT TOTAL DEPTH: 1800 FNL & 1490 FEL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
Contract No 92
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla 92
9. WELL NO.
#11
10. FIELD OR WILDCAT NAME
Undesignated Gavilan PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 30, T27N, R3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.
30-039-22919
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7275' KB

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) Spud, Surface Csg

SUBSEQUENT REPORT OF:



(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.)*

4-14-82 MOL & Spudded at 1530 hrs. Ran 3 jts (111') of 8-5/8", 24#, K-55 CF&I seamless csg and set at 123' KB. Woodco cmt'ed w/ 100 sks of C1 "B" w/ 1/4# Flocele/sx (119 cu.ft), & 3% CaCl₂. Displaced w/6 bbls wtr & circ 6 bbls cmt. Plug down at 2215 hrs 4-14-82.

4-15-82 Drlg ahead w/ starch & water.

4-16-82 to 4-19-82 Drlg ahead w/ mud & wtr.

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

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

SIGNED Donna J. Brace TITLE Production Clerk DATE 4-19-82
Donna J. Brace

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY

TITLE _____

DATE _____

RECEIVED FOR RECORD

djb/1

*See Instructions on Reverse Side

APR 20 1982

RECEIVED

EY