Form Approved. Form 9-331 ∴ c Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES . . 5. LEASE DEPARTMENT OF THE INTERIOR Contract #61 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache 7. UNIT AGREEMENT NAME -SUNDRY NOTICES AND REPORTS ON WELLS **学式工**具 (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.) 2.43 to 0.80 <u>2</u> 8. FARM OR LEASE NAME Indian "I" 🚉 1. oil gas well other 110 H 31 well 9. WELL NO. 2. NAME OF OPERATOR Northwest Pipeline Corporation #2 10. FIELD OR WILDCAT NAME. 3. ADDRESS OF OPERATOR Gavilan Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 90, Farmington, New Mexico 87401 **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 35 T28N R3W 1650' FSL & 990' FWL AT SURFACE: 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Same Rio Arriba 🏝 🕫 🗟 New Mexico AT TOTAL DEPTH: Same 改造品質 timel in the miles of the miles 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 30-039-21468 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 8 E 0 0 6982' GR B **REQUEST FOR APPROVAL TO:** SUBSEQUENT REPORT OF: 2 TEST WATER SHUT-OFF FRACTURE TREAT 982 SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL toitanego tiene hestanego en le compo ent bo comportanego PULL OR ALTER CASING change on Form 9-330.) ni bluode inc saleb (tooms o hoddom be b edb bas ba MULTIPLE COMPLETE CHANGE ZONES U. S. GEOLOGICAL SURVEY ABANDON* Follow up test. FARMINGTON, N. M. (other) 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 15 to measured and true vertical depths for all markers and zones pertinent to this work.)* nteda at Ar 780 TO 18 Well has been open to pit since 6-18-80. Found tubing dead and 280 psi on casing. No evidence that well had unloaded. ف control of such that the control of the such that the such in: 0,1961. ٣ 20. 00. Subsurface Safety Valve: Manu. and Type _ to bei 9 18. I hereby certify that the foxegoing is true and correct TITLE Sr. Prod Engineer DATE

FARMINGTON DISTRICT

CONDITIONS OF APPROVAL OF AND U

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(This space for Federal or State office use)

TITLE

*See Instructions on Reverse Side

APPROVED BY