

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: 1485 FSL & 1080 FWL
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* ☐ RETEST ☐
(other) ☐

SUBSEQUENT REPORT OF:

RECEIVED
SEP 21 1981
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of well tests, zone change on Form 9-330.)



5. LEASE
Contract #81

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Indian A

9. WELL NO.
#3

10. FIELD OR WILDCAT NAME
Choza Mesa Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 29, T29N, R3W

12. COUNTY OR PARISH | 13. STATE
Rio Arriba | New Mexico

14. API NO.
30-039-21379

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7108' 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.)*

On 9-10-81, this well was retested as follows:

SITP 940 psig
SICP 941 psig
Choke volume 223 MCFD.
AOF 228 MCFD.

Present well status is Shut in for pipeline evaluation.

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

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

SIGNED P.M. Pippin TITLE Sr Prod Engineer DATE 9-17-81

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

SEP 22 1981

PMP:djb

NMOCC

*See Instructions on Reverse Side

RV

FARMINGTON DISTRICT