

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: 950' FNL & 1720' 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) ☒ Drlg Operations

SUBSEQUENT REPORT OF:

☐
☐
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☐
☐
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☐
☐
☐
☒

5. LEASE
SF 078642

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 29-5 Unit

8. FARM OR LEASE NAME
San Juan 29-5 Unit

9. WELL NO.
#104

10. FIELD OR WILDCAT NAME
Blanco MV/Undesignated PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 10, T29N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
30-039-22469

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6405' GR

(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.)*
3-19-81 to 3-21-81.

Drlg ahead to a depth of 5800' (TD).

3-22-81

Ran 75 jts of 4-1/2" (2328') 10.5#, K-55, ST&C & set @ 5800'. Float collar @ 5765'. HOWCO cmt'ed w/ 100 sx 65/35 poz w/ 10% gel. Tailed w/ 100 sx C1 "B" w/ 4% gel & 1/4# gilsonite/sx. Displaced plug w/ 62.5 bbls wtr. Plug down @ 0830 hrs 3-22-81. Rig released @ 1300 hrs 3-22-81. Reversed out 1/2 bbl.

NOW WAITING ON COMPLETION.

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 March 26, 1981
Donna J. Brace

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMOCC

MAR 31 1981

FARMINGTON DISTRICT