

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: 1200 FNL & 1865 FWL
AT TOP PROD. INTERVAL: 1200 FNL & 1865 FWL
AT TOTAL DEPTH: 1200 FNL & 1865 FWL

5. LEASE
NM 012735

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 31-6 Unit

8. FARM OR LEASE NAME
San Juan 31-6 Unit

9. WELL NO.
#8A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6, T30N, R6W

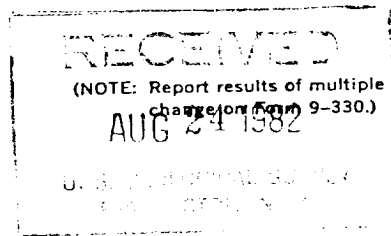
12. COUNTY OR PARISH | 13. STATE
Rio Arriba | N.M.

14. API NO.
30-039-23020

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6243' KB

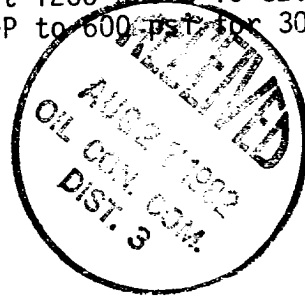
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Spud Operations & Surface csg.		



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.)*

- 8-14-82 MOL & RU. Spudded 13-3/4" Surface hole at 1900 hrs.
- 8-15-82 Ran 9 jts 9-5/8", 36#, K-55, ST&C csg & set at 382' KB. Woodco cmt'ed w/ 325 sx (384 cu.ft) C1 "B" w/ 1/4# gel flake/sx & 3% CaCl₂. Displaced w/ 27 bbls wtr & down at 1200 hrs 8-15-82. Circ out 20 bbls cmt. WOC 12 hrs. Tested BOP to 600 psf for 30 min - OK.
- 8-16-82 Drlg ahead
- 8-17-82 Drlg ahead
- 8-18-82 Drlg ahead
- 8-19-82 Drlg ahead



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 August 20, 1982
Donna J. Brace (This space for Federal or State office use)

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

ACCEPTED FOR RECORD

B
djb/ 1

AUG 20 1982

*See Instructions on Reverse Side

FARMINGTON, N.M.
BY SM

NMOCC