Form 9–331
Dec. 1973

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

PO Box 90, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1630' FNL & 1850' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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5. LEASE

SF 078779

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Rosa Unit

8. FARM OR LEASE NAME

Rosa Unit

9. WELL NO.

63

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 30 T31N R4W

12. COUNTY OR PARISH | 13. STATE

Rio Arriba | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6533'GR

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

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☒	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other)		

(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.)*

1.   Move in service unit.
2.   Pull 2-3/8" tbg & lock set pkr.
3.   Set Baker Model "K" cmt retainer @ 8205'.
4.   Run tbg & pkr & swab well in.

SEP 25 1979
OIL CON. COM.
DIST. 3

Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____ TITLE Sr. Prod'n Engineer DATE September 18, 1979

P.M. Pippin/br

(This space for Federal or State office use)   SEP 21 1979

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

*See Instructions on Reverse Side