

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 <input type="checkbox"/> gas well <input checked="" type="checkbox"/> 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: 1140' FNL & 860' FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |
| REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> CHANGE ZONES <input type="checkbox"/> ABANDON* <input type="checkbox"/> (other) "Change Dedicated Acreage" |
| SUBSEQUENT REPORT OF: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| |
|---|
| 5. LEASE SF 078769 |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 7. UNIT AGREEMENT NAME Rosa Unit |
| 8. FARM OR LEASE NAME Rosa Unit |
| 9. WELL NO. 65 |
| 10. FIELD OR WILDCAT NAME Basin Dakota |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17 T31N R5W |
| 12. COUNTY OR PARISH Rio Arriba |
| 13. STATE New Mexico |
| 14. API NO. |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6295' 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.)*

The acreage dedicated to the subject well is being changed from the N/2 of Section 17 (as previously filed) to the E/2 of Section 17, T31N, R5W (as shown on the attached plat).

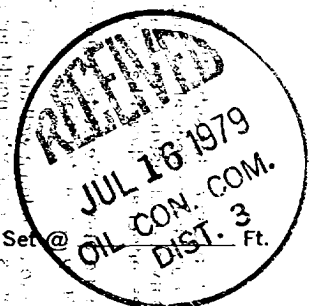
Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Barbara C. Rex TITLE Production Clerk DATE June 29, 1979

(This space for Federal or State office use)

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



U.S. GEOLOGICAL SURVEY
JUL 12 1979