

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: 1820 FWL & 1650 FSL
AT TOP PROD. INTERVAL: 1820 FWL & 1650 FSL
AT TOTAL DEPTH: 1820 FWL & 1650 FSL

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

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.
#94

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 16, T31N, R5W

12. COUNTY OR PARISH
Rio Arriba

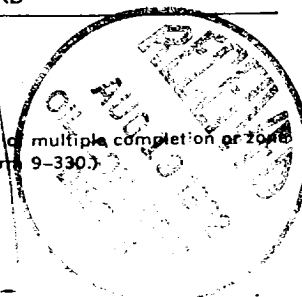
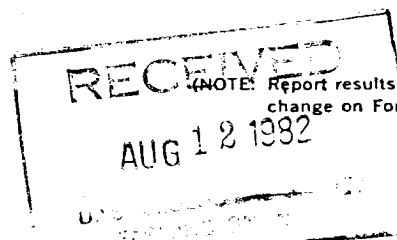
13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6268' KB

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	<input type="checkbox"/>	<input type="checkbox"/>



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.)*

8-4-82 - 8-5-82 MOL & RU. Spudded 13-3/4" surface hole at 1600 hrs 8-4-82. Ran 5 jts of 9-5/8", 32.3#, H-40 ST&C & set at 234' KB. Cmt'ed w/ 190 sks (226 cu.ft) C1 "B" w/ 1/4# gel flake/sx & 3% CaCl₂. Displaced w/ 16 bbls & down at 0215 hrs 8-5-82. Circ out 12 bbls cmt. Pressure test csg to 600# - OK. Drlg ahead.
8-5-82 to 8-9-82 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 9, 1982
(This space for Federal or State office use)

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

2x
djb/1

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

AUG 13 1982

BY E. L. Smith FARMINGTON DISTRICT