

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 ☐ gas ☒ other

2. NAME OF OPERATOR
Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR
P.O. Box 90, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1070' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE SF 078996	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME San Juan 32-7 Unit	
8. FARM OR LEASE NAME San Juan 32-7 Unit	
9. WELL NO. #53	
10. FIELD OR WILDCAT NAME Fruitland Pictured Cliffs	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4 T31N R7W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO. 30-045-23164	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	

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)	☐

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RECEIVED (NOTE)

MAY 22

(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.)*

5-15-80 Ran GR/CCL Log & correlated to FDC/CNL/GR Log & perforated 15 holes
3444', 3446', 3448', 3452', 3454', 3456', 3458', 3460', 3462', 3464',
3466', 3468', 3470', 3472'.

5-17-80 Pumped 500 gal 7-1/2% HCl. Fraced w/ 5000 gal pad followed w/ 40,000#
10/20 sand @ 1/2 ppg to 1 ppg. MIR 26 BPM @ 3000 psi; AIR 26 BPM @ 3350 psi;
Frac job complete @ 1200 hrs. ISIP 1300 psi; 1100 psi @ 15 min, 950 psi @
30 min. Opened well to atmosphere @ 1300 hrs.

5-18-80 Well SI for IP Test.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Donna Brace TITLE Production Clerk DATE 5-28, 1980
Donna Brace

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCCT

***See Instructions on Reverse Side**

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