UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	Budget Bureau No. 42-R1424
	5. LEASE SF 079004
_	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
t	7. UNIT AGREEMENT NAME San Juan 32-8 Unit
_	8. FARM OR LEASE NAME San Juan 32-8 Unit
	9. WELL NO. #42
_	10. FIELD OR WILDCAT NAME Blanco Mesa Verde
<u> </u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
,	Sec 10, T31N, R8W 12. COUNTY OR PARISH 13. STATE
	San Juan New Mexico
	30-045-24468

1913

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.) gas \square other well well 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.) 810' FNL & 1750' FEL AT SURFACE: Same as above AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same as above 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6738' GR REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: **TEST WATER SHUT-OFF** FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of PULL OR ALTER CASING 1980 change Form MULTIPLE COMPLETE **CHANGE ZONES** rolocidal survad $U_{i} \subseteq$ ABANDON* Drilling TINGTON, IL IA. (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertine 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.)* 10/18/80 to 10/24/80 Drilling ahead 10/25/80 Ran 19 jts of 7", 20#, K-55, ST&C and set at 4045' KB. Dowell cemented w/ 125 sx Cl "B" 65/35 poz w/ 12% gel. Tailed w/ 75 sx Cl "G" w/ 2% Wilson CaCl2. Plug displaced w/ 160 bbls wtr and down at 1715 hrs. ran temp survey and found top of cement at 2100'. (Ojo Alamo at 2383') and PBTD at 4020'. 10/26/80 to 10/28/80 Drilling w/ gas. Set @ Subsurface Safety Valve: Manu. and Type _____ 3 18. I hereby certify that the foregoing is true and correct 10/30/80 Mace TITLE Production Clerk DATE SIGNED (This space for Federal or State office use) T. DATE TITLE _ APPROVED BY Parish a series CONDITIONS OF APPROVAL, IF ANY: Parcelland