

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

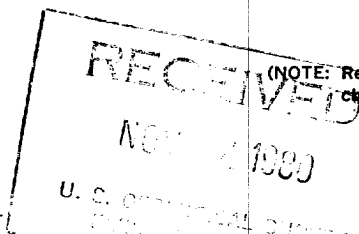
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 810' FNL & 1750' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

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

SUBSEQUENT REPORT OF:

☐
☐
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☐
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5. LEASE
SF 079004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 10, T31N, R8W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-24468

15. ELEVATIONS (SHOW DF, KDB AND WD)
6738' 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.)*

10/29/80

TD'd hole at 6165'. GO ran IES/GR and Netron-Density-GR logs. Ran 71 jts of 4-1/2", 10.5#, K-55, ST&C liner set from 6163' to 3845'. Dowell cemented w/ 235 sx Cl "B" w/ 4% Gel and 1/4 cu.ft gils/sx. Plug displaced w/ 65 bbls wtr and down at 1:45 AM 10/29/80. Reversed out 7 bbls cement. Rigging down to move.

10/30/80

NOW WAITING ON COMPLETION.



Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED Donna Brace TITLE Production Clerk DATE 11/3/80

(This space for Federal or State office use)

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

NMOCC

BW