

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: 1610 FNL & 1100 FWL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above
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) ☒ Drlg operations

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
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☐
☐
☐
☒

5. LEASE
SF 078765
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Rosa Unit
8. FARM OR LEASE NAME
Rosa Unit
9. WELL NO.
#88
10. FIELD OR WILDCAT NAME
Blanco MV / Undesignated PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 8, T31N, R6W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-25140
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6335' 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.)*

8-15-81 Drlg ahead to a depth of 5840' (TD).

8-16-81 GO ran IES & CDL/SNP/GR logs. Ran 76 jts (2297') of 4-1/2", 10.5#, K-55, ST&C & set @ 5840'. Liner top at 3543'. Float @ 5810'. Cmt'ed w/ 230 sx C1 "B" w/ 4% gel & 12-1/2# fine gils/sx. Displaced plug. Well pressured up to 3000# w/ 45 bbls gone. Shut down @ 1600 hrs. Reversed out 3 bbls cmt. Est top of cmt in 4-1/2" csg @ 4700'. Rig released @ 2230 hrs 8-16-81

NOW WAITING ON COMPLETION.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna A. Brace TITLE Production Clerk DATE 8-18-81
Donna A. Brace

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY 6-21-81

FARMINGTON D. T.

AUG 20 1981

REPT. T. R. 200