

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: 1910 FSL & 1840 FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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) Unload Frac Water

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

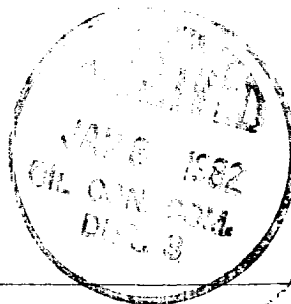
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
SF 078996
6. IF INDIAN ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 32-7 Unit Com
8. FARM OR LEASE NAME
San Juan 32-7 Unit Com
9. WELL NO.
#79
10. FIELD OR WILDCAT NAME
Blanco MV / Undesignated PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 7, T31N, R7W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-25207
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6548' GR

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.)*

11-25-81 to 1-4-82 Unloaded frac water and formation wtr from Pictured Cliffs wellbore.

We plan to continue unloading liquid from the Pictured Cliffs in order to obtain an IP Test.



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

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

SIGNED P.M. Pippin TITLE Sr Prod Engineer DATE 1-4-82

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

PMP/djb 6

*See instructions on Reverse Side

NMOCC

JAN 07 1982

RECEIVED FOR RECORD

BY Sm