

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

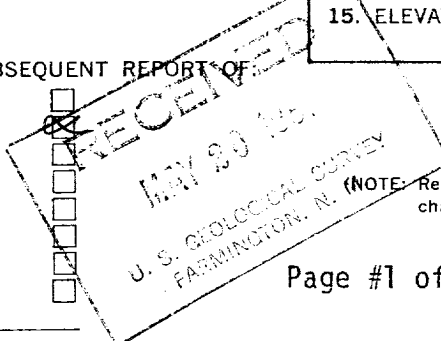
SUNDRY NOTICES AND REPORTS ON WELLS

(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, N.M. 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 860' FNL & 1570' FEL  
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

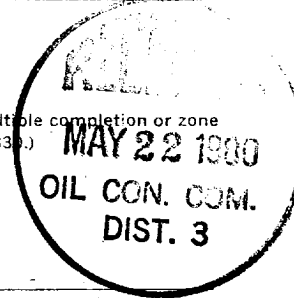
REQUEST FOR APPROVAL TO:  
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☒  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) \_\_\_\_\_

SUBSEQUENT REPORT OF



5. LEASE  
SF 078543  
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.  
#69  
10. FIELD OR WILDCAT NAME  
Basin Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 35, T32N, R7W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
N.M.  
14. API NO.  
30-045-24777  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6719' GR

Page #1 of 2



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.)\*

5-1-81 Circ hole w/ 2% KCl & spotted 500 gal 7-1/2% HCl. Schlumberger ran GR/CCl and perfed 18 holes from 8212' to 8278'. Pumped 1000 gal 7-1/2% HCl and dropped 25 balls, balled off, ran junk basket and rec'd 5 balls. Western Pumped 20,000 gal pad followed w/ 20/40 sand at 1 ppg. Well sanded off w/ 11,000# in perfs. MIR 24 BPM; AIR 23 BPM; MIP 4400#; AIP 4000#. Job completed at 1045 hrs 5-1-81. PU 3-7/8" bit & cleaned out to btm (8285'). PU Baker retrievematic pkr and set at 8189'. (Top perf at 8282').

5-2-81 Established rate w/ 3000 gal 60# gel w/ 2% CaCl<sub>2</sub> @ BPM & 6000#. Pumped 1000 gal 15% HCl followed w/ 1000 gal pad & 35,000# 20/40 sand at 1 ppg. MIR 6 BPM; AIR 5 BPM; MIP 6050#, AIP 6000#. Job done at 1530 hrs 5-2-81. ISIP 3200#. Total sand in perfs 46,000#. Opened well at

5-3-81 to 5-6-81 Blowing w/ compressor.  
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Donna J. Brace TITLE Production Clerk DATE 5-19-81  
Donna J. Brace  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCG

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## SUNDRY NOTICES AND REPORTS ON WELLS

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1. oil well ☐ gas well ☒ other \_\_\_\_\_
2. NAME OF OPERATOR  
Northwest Pipeline Corporation
3. ADDRESS OF OPERATOR  
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AT TOP PROD. INTERVAL: Same as above  
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16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- |                          |                          |
|--------------------------|--------------------------|
| REQUEST FOR APPROVAL TO: |                          |
| TEST WATER SHUT-OFF      | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/> |
| (other)                  |                          |

SUBSEQUENT REPORT OF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>

RECEIVED  
JUN 29 1963

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

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OIL CON. COM.  
DIST. 3

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.)\*

5-7-81 Blowing well w/ compressor. Ran 261 jts (8160') of 2-3/8", 4.7#, J-55 EUE 8RD USS seamless tbq set at 8168' w/ 1.780 SN on top of btm jt.

5-8-81 to 5-10-81 Blowing well w/ compressor

5-11-81 Rig released at 0600 hrs. Cleaning up after frac.

NOW WAITING ON IP TEST.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Donna J. Brace TITLE Production Clerk DATE 5-19-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

NAME: \_\_\_\_\_

\*See Instructions on Reverse Side

djb/