

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N.M.

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: 745' FSL & 1955' 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

5. LEASE
~~SF~~ 012735

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 31-6 Unit

8. FARM OR LEASE NAME
San Juan 31-6 Unit

9. WELL NO.
#3A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6, T30N, R6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

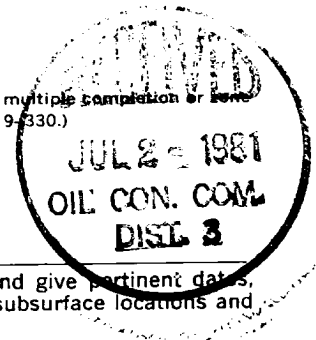
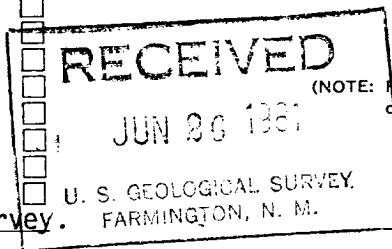
14. API NO.
30-039-22757

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6280' GR

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*

SUBSEQUENT REPORT OF:



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.)*

6-22-81 GO ran Induction Gamma Ray, SNL/CDI from TD (5720'). Ran 75 jts (2361') of 4-1/2", 10.5#, K-55, ST&C csg set from 5718' to 3357'. FC @ 5684' KB. Nat'l cementers pumped 30 bbls gel wtr & followed w/ 235 sx C1 "B" w/ 4% gel & 12-1/2# fine gils/sx. Plug displaced w/ 61 bbls wtr & down @ 1745 hrs 6-22-81. Reversed out 3 bbls wtr & no cement. Released rig @ 2200 hrs.

6-23-81 Wilson ran temp survey and found top of cmt @ 3900' w/ PBTD @ 5665'.

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 J. Brace TITLE Production Clerk DATE 6-24-81

Donna J. Brace (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NMOCC

JUL 01 1981

BY Don Elliott