Form 9-330 (Rev. 5-63)

UNITED STATES SUBMIT IN DUPLICATE.

(See other instructions on reverse side)

orm approved

June 18, 1979

DATE _

DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY SF 078542 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: WELL GAS WELL X . 7. UNIT AGREEMENT NAME b. TYPE OF COMPLETION: San Juan 32-7 Unit PLUG BACK NEW WELL work DEEP-DIFF. RESVR. S. FARM OR LEASE NAME 2. NAME OF OPERATOR San Juan 32-7 Unit 9. WELL NO. Northwest Pipeline Corporation 3. ADDRESS OF OPERATOR PO Box 90, Farmington, New Mexico 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* 10. FIELD AND POOL, OR WILDCAT Undesignated Pictured C] if
11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA At surface 1800' FSL & 985' FEL At top prod. interval reported below Same Sec 35 T32N R7W Same At total depth 14. PERMIT NO. DATE ISSUED 12. COUNTY OR 13. STATE San Juan New Mexico 16. DATE T.D. REACHED | 17. DATE COMPL. (Ready to prod.) 15. DATE SPUDDED 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* | 19. ELEV. CASINGHEAD 7-7-78 7-13-78 6 - 8 - 796724 'GR 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY 23. INTERVALS ROTARY TOOLS CABLE TOOLS 38751 DRILLED BY 3863' A1 1 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* WAS DIRECTIONAL SURVEY MADE 3544' - 3562'; Pictured Cliffs No 26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED IES & GR-Density No CASING RECORD (Report all strings set in well) WEIGHT, LB./FT. DEPTH SET (MD) CASING SIZE HOLE SIZE CEMENTING RECORD AMOUNT PULLED 8-5/8" 24# 116' <u> 12-1/4"</u> 90 sks 3-1/2_bb]s 2-7/8" 6.4# 3869 7-7/8" & 240 sks 6-1/4" 29 LINER RECORD TUBING RECORD 30. SIZE BOTTOM (MD) SACKS CEMENT TOP (MD) SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 3562' to 3544' w/ 1 SPF DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 35441 5000 gal pad slick wtr Total 19 shots 50,000# 10/20 sd @ 1 PPG Total frac fluid = 45,300 gal Frac fluid cont 2-1/2# FR/1000g 33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) WELL STATUS (Producing or Shut in Shut - in NA Flowing DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR GAS-MCF GAS-OIL RATIO TEST PERIOD 6-8-79 2" X 0.750 3 CV 1153, FLOW, TUBING PRESS. CALCULATED 24-HOUR RATE CASING PRESSURE OIL-BBL. GAS-MCF. OIL GRAVITY-API (CORR.) AOF 1160 MCFID Tubingless 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Waiting on pipeline connection ON 35. LIST OF ATTACHMENTS 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

*(See Instructions and Spaces for Additional Data on Reverse Side)

TITLE

Production Clerk

NSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments

should be listed on this form, see item 35.

14cm 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State

Heem 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Heems 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval. Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

ictured Cliffs Ss: lt gry, fn-med gr s & p, ws & r, sl calc. Shame	37. SUMMARY OF POROUS ZON SHOW ALL PROPERTY TOUR TOUR OF THE PORTION TO THE PORTION OF THE PORTI	IES: ES OF POROSIT	TIME TOOL OF	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING SHOW ALL INFORMAL TESTED CURHION USED. TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURDS, AND RECOVERIES	38. GEOLOG	GEOLOGIC MARKERS	
r, Pictured Cliffs 3537'	FORMATION TO	Ф совиси	воттом	DESCRIPTION, CONTENTS, ETC.	NAME	TO	TRUE VERT. DEFTH
	ctured Cliffs				Pictured Cliffs	3537'	Same