UNITED STATES

UNITED STATES	5. LEASE SF 078999
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME San Juan 31-6 Unit 8. FARM OR LEASE NAME
1. oil gas gas	San Juan 31-6 Unit
well Well X other	9. WELL NO. #36
2. NAME OF OPERATOR Northwest Pipeline Corp	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Box 90, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 845' FNL & 790' FEL AT TOP PROD. INTERVAL: Same as above AT TOTAL DEPTH: Same as above	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27 T31N R6W 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	30-039-22488
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6132' GR
(other)	(NOTE: Report results of multiple consider an or zone SURVEN angelon, Form 9-330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertired to 2-17-81. Fishing for wireline &	temp tool.
2-18-81 Pressure tested csg & bridge plug 25 holes from 7806' to 7830' @ 1 SPF. V sand & 54,776 gal of treated wtr. Well completed. MIR 29 BPM; AIR 26 BPM; MTP Job complete at 1145 hrs	sanded off before flush was
2-19-81 Attempted to refrac.	
2-20-81 Refraced w/ 40# guar gum gel. Pu w/ 35,000# 20/40 sand @ 1/2 - 1 ppg. F	mped 10,000 gal pad to frac followe rac job complete @ 1225 hrs 2-20-81
2-21-81 to 2-23-81 Blowing well w/ compre	
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
18. I hereby certify that the foregoing is true and correct SIGNED homa J. Brace Title Production This case for Entered or State	Clerk DATE Feb 23, 1981
- ACAD TO TELL TO A TELL TO THE SPACE TO FEDERAL OF STACK	
APPROVED BY TITLE CONTINUE OF ABBRIDVAL. IF ANY:	DATE
NMOCC FARMINGSON DISTRICT	

*See Instructions on Reverse Side