UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Form Approved. Budget Bureau No. 42–R1424
	5. LEASE NM 013364
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
rent	7. UNIT AGREEMENT NAME San Juan 32-8 Unit
	8. FARM OR LEASE NAME San Juan 32-8 Unit
	9. WELL NO. #11A
	10. FIELD OR WILDCAT NAME
	Basin Dakota / Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR
17	Sec 21, T31N, R8W
	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
ICE,	14. API NO. 30-045-25230
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6580' GR
:	(NOTE: Report results of multiple completion or zone change on Folm 9-23(1)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a differeservoir, Use Form 9–331–C for such proposals.) well other well 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 AT SURFACE: 1670 FSL & 1100 FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOT REPORT, OR OTHER DATA SUBSEQUENT REPORT OF REQUEST FOR APPROVAL TO:

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.)*

Ran 193 jts of 5-1/2", (1720') of 17#. K-55, ST&C & (6343') of 15.5# K-55, ST&C & set @ 8075' (FC @ 8059'). BJ cmt'ed w/ 220 sx C1 "B" w/ 8% ge1, 12-1/2# fine gils/sx & 0.4% R-11. Tailed w/ 100 sx Cl "B" w/ 1/4 tuf plug/sx & 0.4% R-11. Preceded cmt w/ 40 -bls wtr & 4 sx gel. Displaced plug w/ 191 bbls wtr & down @ 1445 hrs. Wilson ran temp survey top of cmt @ 3200'. Rig released @ 1545 hrs.

WAITING ON COMPLETION

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASI. G MULTIPLE COMPLETE CHANGE ZONES

ABANDON*Production Csg

		6.4.6	E+
Subsurface Safety Valve: Manu. and T	ype	Set @	
18. I hereby certify that the foregoing SIGNED OMNO	is true and correct Production Clerk	DATE December 1, 1981	
Donna J. Broce	(This space for Federal or State office use)	ACCEPTED FOR RECORD	
APPROVED BY	TITLE	DIG 08 1981	
	*See instructions on Reverse Side	FARMINGTON EISTRICT	