

WILSON SERVICE COMPANY

FORM 432-2

TEMPERATURE SURVEY

COMPANY El Paso Natural Gas Co.
WELL 96 LEASE San Juan 28-5
COUNTY Rio Arriba STATE New Mexico
SEC. 0 10 TWP. 28 RGE 5

APPROX. TOP CEMENT 3150'

Survey Begins at 2000' Ft. Ends at 3883' Ft.
Approx. Fill-Up _____ Max. Temp. _____
Log Measured From KB Run No. 1

Casing Size	Casing Depth	Diam of Hole	Depth
7" from _____ to _____	_____ to _____	3/4" from <u>0.1</u> to <u>1.3</u>	_____ to _____
_____ from _____ to _____	_____ to _____	_____ from _____ to _____	_____ to _____

Date of Cementing 8/28/79 Time 8:00 AM

Date of Survey 8/28/79 Time 4:00 PM

Amount of Cement 70 Scks 65/35 Class B Poz 6% Gel 2% CACL +100 sks

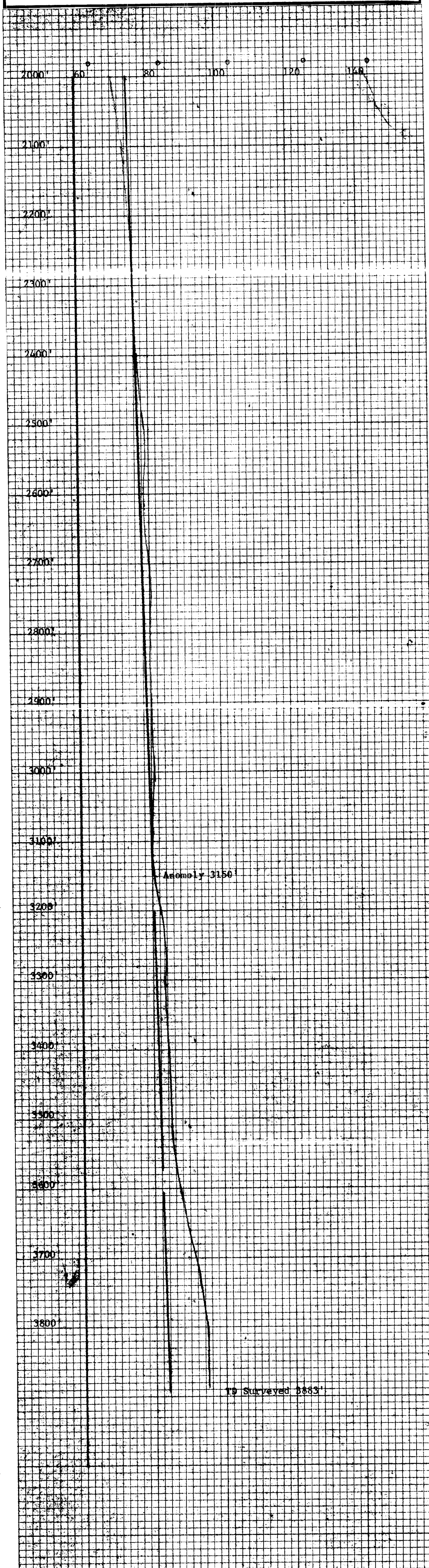
Class B 2% CACL.

Recorded by Griffey Witnessed by _____

REMARKS OR OTHER DATA

Ojo Alamo 2914'.

TEMPERATURE IN DEGREES FAHRENHEIT



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 <input type="checkbox"/>	gas well <input checked="" type="checkbox"/>	other <input type="checkbox"/>
2. NAME OF OPERATOR El Paso Natural Gas Company		
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 815' S, 1490'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>	
FRACTURE TREAT <input type="checkbox"/>	<input checked="" type="checkbox"/>	
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>	
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>	
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>	
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>	
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>	
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>	
(other) <input type="checkbox"/>	<input type="checkbox"/>	

5. LEASE SF079250	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME San Juan 28-5 Unit	
8. FARM OR LEASE NAME San Juan 28-5 Unit	
9. WELL NO. 96	
10. FIELD OR WILDCAT NAME Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-28-N, R-5-W N.M.P.M.	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6712' GL	

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

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.)*

10-9-79: PBSD 8170'. Tested casing to 4000#, OK. Perfed 7939,7985,8000,8006,8012, 8058,8081,8086' W/1 SPZ. Fraced w/ 62,000# 20/40 sand, 62,660 gal. wtr. Flushed w/5380 gal. wtr.



Subsurface Safety Valve: Manu. and Type

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

SIGNED D. G. Busco TITLE Drilling Clerk DATE October 10, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 16 1979
CONDITIONS OF APPROVAL, IF ANY:

U. S. GEOLOGICAL SURVEY