

B. & R. SERVICE, INC.

TEMPERATURE SURVEY

COMPANY EL PASO NATURAL GAS COMPANY

WELL HANCOCK B #10

FIELD

COUNTY SAN JUAN

STATE

NEW MEXICO

SEC. SW 28

TWP.

28 N.

RGE.

9 N.

APPROX. TOP CEMENT

1289'

Survey Begins at 1900

Ft. Ends at 2546

Ft.

Approx. Fill-Up

Max. Temp. 122° @ 2410'

Log Measured From K.B.

Run No. 1

Casing Size	Casing Depth	Diam of Hole	Depth
2 7/8" from	to 2570	6 3/4" from	to
from	to	from	to

Date of Cementing 7-20-71 Time 1:30 P.M.

Date of Survey 7-21-71 Time 1:30 A.M.

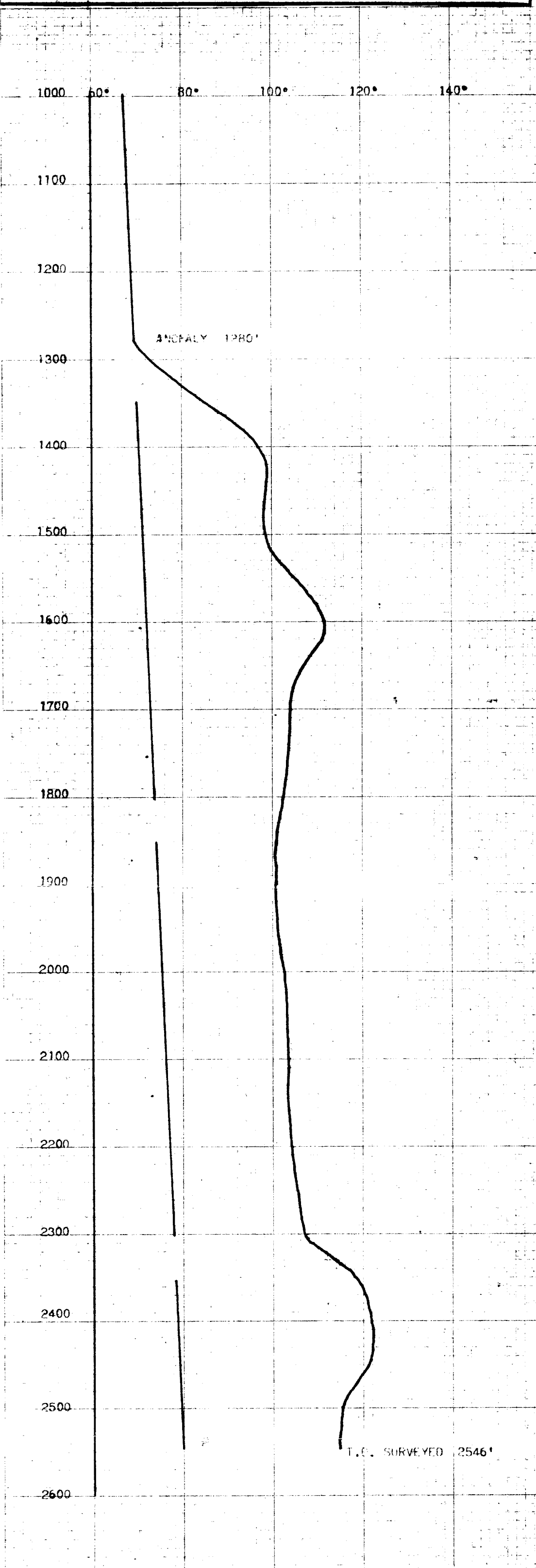
Amount of Cement 150 SKS. CL. 'C' 8 1/2 GEL Type

Amount of Admix 50 SKS. CL. 'C' NEAT Type

Recorded by BEAM Witnessed by

REMARKS OR OTHER DATA

TEMPERATURE IN DEGREES FAHRENHEIT



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 077107-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hancock B

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Aztec Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND

Sec. 28, T-28-N, R-9-W

N. M. P. M.

12. COUNTY OR PARISH

San Juan

New Mexico

1.

OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 990, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1830'S, 1460'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6286' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

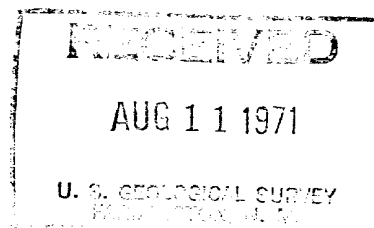
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7-16-71

Spudded well, drilled surface hole and ran 4 joints 8 5/8", 24#, J-55 surface casing (129') set at 141' w/150 sacks of cement circulated to surface. W. O. C. 12 hours, held 600#/30 Min.

7-20-71 Total Depth 2571'. Ran 278", 6.4#, J-55 production casing (2559') set at 2571' w/200 sacks of cement. W. O. C. until completion.

7-28-71 P.B.T.D. 2560'. Perf. 2431-39', 2449-61' w/30 SPZ. Frac w/30,000# 10/20 sand, 26,950 gal. water, dropped 1 set of 30 balls, flushed w/1000 gal. water.



Original Signed F. H. WOOD

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

SIGNED **Original Signed By: L. O. Van Rye**

TITLE **Petroleum Engineer**

DATE **August 3, 1971**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

Item 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 or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. DE 077107-A	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico		8. FARM OR LEASE NAME Hancock B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1830' S, 1460' W At top prod. interval reported below At total depth _____		9. WELL NO. 10	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Asted Pictured Cliffs	
15. DATE SPUDDED 7-16-71		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 28, T-28-N, R-9-W N.M.P.M.	
16. DATE T.D. REACHED 7-20-71		12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) 8-11-71		13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6286' GL		19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 2571'		21. PLUG, BACK T.D., MD & TVD 2560'	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY ROTARY TOOLS 0-2571 CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2431-61(PC)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN IEL, C DIC-GR, Temperature Survey		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24.7	141'	12 1/4"
2 7/8"	6.4	2571	6 3/4"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
31. PERFORATION RECORD (Interval, size and number) 2431-39, 2449-61' w/30 STZ		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 2431-2461 AMOUNT AND KIND OF MATERIAL USED 30,000 gal. acid, 20,000 gal. water	
33. PRODUCTION			
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Shut in			
DATE OF TEST 8-11-71	HOURS TESTED 3	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD →
OIL—BBL. →	GAS—MCF. →	WATER—BBL. →	GAS-OIL RATIO →
FLOW. TUBING PRESS. 31.007	CASING PRESSURE →	CALCULATED 24-HOUR RATE →	OIL GRAVITY-API (CORR.) →
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) →		TEST WITNESSED BY D. R. [Signature]	
35. LIST OF ATTACHMENTS _____			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED _____		TITLE Petroleum Engineer	
DATE _____		DATE _____	

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

INSTRUCTIONS

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.

Item 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 or Federal office for specific instructions.

Item 12: 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. **Item 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.

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

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF, CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.			
				Pictured cliffs	2430	