

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 \*

| <b>1a. TYPE OF WELL:</b> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                    |                         | <b>5. LEASE DESIGNATION AND SERIAL NO.</b><br>SF 078438                                    |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|-------------------------|--------------------------------------------------------------------------------------------|---------------|---------------------------|-----------------------------------------------------------------------|------------------------------------|----------------------------------|------------------------------|---------------|-------------------------|---------------|---------|---------|--------|--|--------|------|-------|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>b. TYPE OF COMPLETION:</b> NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                    |                         | <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b><br>                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. NAME OF OPERATOR</b><br>EL PASO NATURAL GAS COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                    |                         | <b>7. UNIT AGREEMENT NAME</b><br>San Juan 32-9 Unit                                        |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3. ADDRESS OF OPERATOR</b><br>BOX 289, FARMINGTON, NM 87401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                    |                         | <b>8. FARM OR LEASE NAME</b><br>San Juan 32-9 Unit                                         |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*</b><br>At surface 800'S, 800'W<br><br>At top prod. interval reported below<br><br>At total depth                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                    |                         | <b>9. WELL NO.</b><br>94                                                                   |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>14. PERMIT NO.</b> _____ <b>DATE ISSUED</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                    |                         | <b>10. FIELD AND POOL, OR WILDCAT</b><br>Blanco P.C. Ext.                                  |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>15. DATE SPUDDED</b> 6-19-78 <b>16. DATE T.D. REACHED</b> 7-8-78 <b>17. DATE COMPL. (Ready to prod.)</b> 11-8-78 <b>18. ELEVATIONS (DF, R&amp;B, RT, GR, ETC.)*</b> 6696' Gr                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    |                         | <b>11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA</b><br>Sec. 18, T-31-N, R-9-W<br>NMPM |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>20. TOTAL DEPTH, MD &amp; TVD</b> 3692' <b>21. PLUG, BACK T.D., MD &amp; TVD</b> 3683' <b>22. IF MULTIPLE COMPL., HOW MANY*</b> _____ <b>23. INTERVALS DRILLED BY</b> _____ <b>ROTARY TOOLS</b> 0-3692' <b>CABLE TOOLS</b> _____                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                    |                         | <b>12. COUNTY OR PARISH</b> San Juan <b>13. STATE</b> New Mexico                           |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*</b><br>3522-3567' (PC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                    |                         | <b>19. ELEV. CASINGHEAD</b> _____                                                          |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>26. TYPE ELECTRIC AND OTHER LOGS RUN</b><br>IES;CDL-GR; Bond Log; Temp. Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                    |                         | <b>25. WAS DIRECTIONAL SURVEY MADE</b> NO                                                  |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>27. WAS WELL CORED</b> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                    |                         | <b>28. CASING RECORD (Report all strings set in well)</b>                                  |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td>8 5/8"</td><td>24#</td><td>229'</td><td>12 1/4"</td><td>194 cf</td><td></td></tr><tr><td>2 7/8"</td><td>6.4#</td><td>3692'</td><td>6 1/4"</td><td>486 cf</td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> |                                                                       |                                    |                         |                                                                                            |               | CASING SIZE               | WEIGHT, LB./FT.                                                       | DEPTH SET (MD)                     | HOLE SIZE                        | CEMENTING RECORD             | AMOUNT PULLED | 8 5/8"                  | 24#           | 229'    | 12 1/4" | 194 cf |  | 2 7/8" | 6.4# | 3692' | 6 1/4" | 486 cf |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CASING SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WEIGHT, LB./FT.                                                       | DEPTH SET (MD)                     | HOLE SIZE               | CEMENTING RECORD                                                                           | AMOUNT PULLED |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 5/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 24#                                                                   | 229'                               | 12 1/4"                 | 194 cf                                                                                     |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 7/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6.4#                                                                  | 3692'                              | 6 1/4"                  | 486 cf                                                                                     |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>29. LINER RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>SIZE</th><th>TOP (MD)</th><th>BOTTOM (MD)</th><th>SACKS CEMENT*</th><th>SCREEN (MD)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                |                                                                       |                                    |                         |                                                                                            |               | SIZE                      | TOP (MD)                                                              | BOTTOM (MD)                        | SACKS CEMENT*                    | SCREEN (MD)                  |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOP (MD)                                                              | BOTTOM (MD)                        | SACKS CEMENT*           | SCREEN (MD)                                                                                |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>30. TUBING RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>SIZE</th><th>DEPTH SET (MD)</th><th>PACKER SET (MD)</th></tr></thead><tbody><tr><td>Tubingless completion</td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                    |                         |                                                                                            |               | SIZE                      | DEPTH SET (MD)                                                        | PACKER SET (MD)                    | Tubingless completion            |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEPTH SET (MD)                                                        | PACKER SET (MD)                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tubingless completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>31. PERFORATION RECORD (Interval, size and number)</b><br>3522, 3525, 3536, 3541, 3546, 3553, 3558, 3564, 3567' w/1 SPZ                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| DEPTH INTERVAL (MD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AMOUNT AND KIND OF MATERIAL USED                                      |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3522-3567;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 40,000# sand, 45,024 gal tr wtr.                                      |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>33.* PRODUCTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| DATE FIRST PRODUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PRODUCTION METHOD (Flowing, gas lift, pumping, size and type of pump) | WELL STATUS (Producing or shut-in) |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | After Frac Gauge - 334 MCF/D                                          | Shut in                            |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>DATE OF TEST</th><th>HOURS TESTED</th><th>CHOKE SIZE</th><th>PROD'N. FOR TEST PERIOD</th><th>OIL—BBL.</th><th>GAS—MCF.</th><th>WATER—BBL.</th><th>GAS-OIL RATIO</th></tr></thead><tbody><tr><td>11-8-78</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                           |                                                                       |                                    |                         |                                                                                            |               | DATE OF TEST              | HOURS TESTED                                                          | CHOKE SIZE                         | PROD'N. FOR TEST PERIOD          | OIL—BBL.                     | GAS—MCF.      | WATER—BBL.              | GAS-OIL RATIO | 11-8-78 |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE OF TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HOURS TESTED                                                          | CHOKE SIZE                         | PROD'N. FOR TEST PERIOD | OIL—BBL.                                                                                   | GAS—MCF.      | WATER—BBL.                | GAS-OIL RATIO                                                         |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11-8-78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| FLOW, TUBING PRESS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CASING PRESSURE                                                       | CALCULATED 24-HOUR RATE            | OIL—BBL.                | GAS—MCF.                                                                                   | WATER—BBL.    | OIL GRAVITY-API (CORR.)   |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SI 743                                                                |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>35. LIST OF ATTACHMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                    |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="0" style="width:100%;"><tr><td style="width:33%;">SIGNED <u>A. P. Busco</u></td><td style="width:33%;">TITLE <u>Drilling Clerk</u></td><td style="width:33%;">DATE <u>December 1, 1978</u></td></tr></table>                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                    |                         |                                                                                            |               | SIGNED <u>A. P. Busco</u> | TITLE <u>Drilling Clerk</u>                                           | DATE <u>December 1, 1978</u>       |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNED <u>A. P. Busco</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TITLE <u>Drilling Clerk</u>                                           | DATE <u>December 1, 1978</u>       |                         |                                                                                            |               |                           |                                                                       |                                    |                                  |                              |               |                         |               |         |         |        |  |        |      |       |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

NMOCC

# 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 33.

**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 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.

**Items 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 POREOUS 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 |     |        |                             |                      |                  |
| FORMATION                                                                                                                                                                                                          | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. | NAME                 | MEAS. DEPTH      |
|                                                                                                                                                                                                                    |     |        |                             | P.C.                 | 3510             |
|                                                                                                                                                                                                                    |     |        |                             |                      | TRUE VERT. DEPTH |