

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 _____
b. TYPE OF COMPLETION:					
NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☒	Other _____
2. NAME OF OPERATOR Tenneco Oil Company					
3. ADDRESS OF OPERATOR 720 So. Colo. Blvd., Denver, Colorado 80222					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2160' FNL & 990' FWL, Unit E XXXXXX XXXXXX					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPURRED 3/21/67		16. DATE T.D. REACHED 3/23/67		17. DATE COMPL. (Ready to prod.) 5/21/79	
18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 7067' GL		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 1840'		21. FLUG, BACK T.D., MD & TVD 1740'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-TD		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1674' - 1698' (Lower Hospah)					25. WAS DIRECTIONAL SURVEY MADE Yes
26. TYPE ELECTRIC AND OTHER LOGS RUN None					27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4"	32	47'	15"	70 Sacks	None
7"	20	1772'	8 3/4"	110 Sacks	None
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
None					
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2 7/8"	1674'	None			
31. PERFORATION RECORD (Interval, size and number) 96 holes from 1674' to 1698'			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
1674-1698			24 bbl 15% MCA		
33.* PRODUCTION					
DATE FIRST PRODUCTION 5/21/79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Submersible Pump			WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 6/1/79	HOURS TESTED 24	CHOKE SIZE N/A	PROD'N. FOR TEST PERIOD →	OIL—BBL. 63	GAS—MCF. TSTM
FLOW. TUBING PRESS. N/A	CASING PRESSURE N/A	CALCULATED 24-HOUR RATE →	OIL—BBL. 63	GAS—MCF. TSTM	WATER—BBL. 586
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					TEST WITNESSED BY
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 <i>Cashy</i>		TITLE Administrative Supervisor		DATE 6/15/79	

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

nymoc

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 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 water, indicate the source of water.

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. (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			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TOP	TRUE VERT. DEPTH	
Upper Hospah	1616	1654	Sandstone, Oil Productive				
Lower Hospah	1674	1710					