

Form approved.
Budget/Bureau No. 42-K355.5.

(See other instructions on reverse side)

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 Suite 1200 Lincoln Tower Building, Denver, Colo. 80203																	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1280' F/NL, 1280' F/WL (NW/4, NW/4) At top prod. interval reported below At total depth																	
14. PERMIT NO.										DATE ISSUED							
15. DATE SPDCDD										16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RSB, RT, GE, ETC.)*		19. ELEV. CASINGHEAD	
12-10-69										12-14-69		12-15-69		7060 GR			
20. TOTAL DEPTH, MD & TVD				21. PLUG, BACK T.D., MD & TVD				22. IF MULTIPLE COMPL., HOW MANY*				23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS	
1666												Rotary					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1635' - 1666' Open Hole														25. WAS DIRECTIONAL SURVEY MADE Yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN IES & Gamma Ray Density														27. WAS WELL CORED No			
28. CASING RECORD (Report all strings set in well)														CEMENTING RECORD		AMOUNT PULLED	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		40 Sacks									
10-3/4"		32.75#		72		12-3/4"		135 Sacks									
7"		20#		1635		9-7/8"											
29. LINER RECORD														30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)			
None										2-7/8"		1638'					
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
										DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
										None							
33. PRODUCTION																	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)										WELL STATUS (Producing or shut-in)					
12-15-69		Pumping - 2-1/4" Tubing										Producing					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO			
1-1-70		24		-		→		254		TSTM		1		TSTM			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)					
				→								25.0					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)												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 <u>G. A. Jones</u>				TITLE <u>Sr. Production Clerk</u>				DATE <u>1-6-70</u>									

*(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 23, 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 23. 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: "Seals 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:

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	TOP	TRUE VERT. DEPTH
Pt. Lookout	570	790	Water by Log	Pt. Lookout	570		+6499
Crevasse Canyon	1093	1143	Water by Log	Nancos	870		+6199
Hospan Sd.	1583	1620	Oil by Cuttings & Log	Crevasse Canyon	1093		+5976
Gallup	1648	-	Oil by Production Test	Hospan	1583		+5486

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Pt. Lookout	570		+6499
Nancos	870		+6199
Crevasse Canyon	1093		+5976
Hospan	1583		+5486