

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM - 2870	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other P&A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR TENNECO OIL COMPANY		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Bldg. - Denver, Colo.		8. FARM OR LEASE NAME Hospah	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' F/SL and 3630' F/WL At top prod. interval reported below At total depth		9. WELL NO. 45	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 4/14/71		16. DATE T.D. REACHED 4/16/71	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
20. TOTAL DEPTH, MD & TVD 2850		21. PLUG, BACK T.D., MD & TVD 2850	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Rotary	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) None - All zones tested dry		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Dil. FDC-GR, BHC-GR		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings in well) CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE 8-5/8 24 76 12-1/4 40 SKS Circulated		CEMENTING RECORD AMOUNT PULLED	
29. LINER RECORD SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD)		30. TUBING RECORD SIZE DEPTH SET (MD) PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) Well P&A 4/17/71		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)		DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO	
FLOW, TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)		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. J...</u>		TITLE <u>Sr. Production Clerk</u> DATE <u>4/21/71</u>	

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

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.

tion 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 16: 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 identifying, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: “Societal Concern”: 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.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COILED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

U.S. GOVERNMENT PRINTING OFFICE: 1963-O-683636

