

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. NM 8405	
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 Tenneco Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1360 Lincoln St., Suite 1200, Denver, Colorado 80295		8. FARM OR LEASE NAME Canyon	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790 FSL and 1190 FEL, Unit P At top prod. interval reported below At total depth		9. WELL NO. 19	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 11-12-76		16. DATE T.D. REACHED 11-21-76	
17. DATE COMPL. (Ready to prod.) 12-20-76		18. ELEVATIONS (OF, RKB, RT, OR, ETC.)* 6337' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6154'	
21. PLUG, BACK T.D., MD & TVD 6112'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Basin Dakota = 6000'-6154'		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray and CCL Logs		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#	626'	12-1/4"
5-1/2"	15.5#	6154'	7-7/8"
CEMENTING RECORD		AMOUNT CEMENTED	
260 Sacks		None	
250 Sacks		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)	None Set	
2-3/8"	6000'		
31. PERFORATION RECORD (Interval, size and number)			
Basin Dakota 2 JSPF from 6072'-6069' and 6018'-6006'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6072'-6006'		Frac'd W/ 50,000#s 20/40 Mesh Sand	
33. PRODUCTION			
DATE FIRST PRODUCTION 12-20-76		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 12/29/76		HOURS TESTED 3 Hours	
CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD	
OIL—BBL. -0-		GAS—MCF. 412	
WATER—BBL. -0-		GAS-OIL RATIO -0-	
FLOW. TUBING PRESS. 230		CASING PRESSURE 422	
CALCULATED 24-HOUR RATE		OIL—BBL. -0-	
GAS—MCF. 3425 AOF		WATER—BBL. -0-	
OIL GRAVITY-APT (CORR.) -0-			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold.			
35. LIST OF ATTACHMENTS Logs have already been mailed to your office.			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from available records			
SIGNED <u>A. L. Meyer</u>		TITLE Div. Production Manager	

* (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 32.

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 38. 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 27: "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 FORMER ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DRILL-TEST TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS
Pictured Cliffs	1380	1510	Sandstone, Shale	
Chacra	1830	1935	"	
Cliff House	2208	2602	"	
Menefee	2602	3860	"	
Point Lookout	3860	4790	"	
Gallup	4960	5250	"	
Dakota	6000	TD	"	