

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-K355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. 8F 077085	
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 TENNECC OIL COMPANY		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. BOX 1714, DURANGO, COLORADO		8. FARM OR LEASE NAME Order "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 790 FWL 790 FSL At top prod. interval reported below Same At total depth Same		9. WELL NO. 3	
14. PERMIT NO.		DATE ISSUED	
15. DATE SHUDDERED 6/3/65		16. DATE T.D. REACHED 6/15/65	
17. DATE COMPL. (Ready to prod.) 7/12/65		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5868 GR	
19. ELEV. CASINGHEAD 5863		20. TOTAL DEPTH, MD & TVD 6555	
21. PLUG, BACK T.D., MD & TVD 6511		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ---		ROTARY TOOLS 0-6555	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6450-6411 Dakota 6385-6349 6296-6267		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electrolog, Formation Density		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#	259	12 1/4
4 1/2	9.5#	6553	7 7/8
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8	6445	---	
31. PERFORATION RECORD (Interval, size and number)			
6450-6411 4 HPF 6296-6267 2 HPF 6385-6349 2 HPF			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6511		250 gals acid	
6450-6411		30,000 lbs ad, 43,450 gals wtr.	
6296-6385		88,540 gals wtr, 80,000 lbs ad.	
33. PRODUCTION			
DATE FIRST PRODUCTION SI		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) SI			
DATE OF TEST 7/27/65	HOURS TESTED 3 Hrs	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD ---
FLOW. TUBING PRESS. 502	CASING PRESSURE 1057	CALCULATED 24-HOUR RATE ---	OIL—BBL. 8581 (AOF)
GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.) Vented - SI			
35. LIST OF ATTACHMENTS None			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records Original Signed By SIGNED Harold C. Nichols TITLE Sr. Production Clerk DATE November 1, 1965			

*(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 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 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 POROUS ZONES: LIST 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		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Pictured Cliffs	1890	1964	Sd, Gas
Mesa Verde	3460	4280	Gas
Dakota	6265	6480	Gas
Morrison	6480	6557	Water

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH