

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 ☐	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						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado 81301						8. FARM OR LEASE NAME Kelen Jackson	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1490 FSL 790 FEL At top prod. interval reported below Unit Letter "I" At total depth						9. WELL NO. 4	
10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs						11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 33, T-29-S, R-9-W	
12. COUNTY OR PARISH San Juan						13. STATE New Mexico	
15. DATE SPUDDED 5/3/66		16. DATE T.D. REACHED 5/5/66		17. DATE COMPL. (Ready to prod.) 5/24/66		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5894 GR	
19. ELEV. CASINGHEAD 5894		20. TOTAL DEPTH, MD & TVD 2385		21. PLUG, BACK T.D., MD & TVD 2321		22. IF MULTIPLE COMPL., HOW MANY* ---	
23. INTERVALS DRILLED BY 0-2385		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2237-2294 Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN GR Density	
27. WAS WELL CURED No		28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8		20 & 24#		127		12-1/4	
3-1/2		9.2#		2382		7-7/8	
29. LINER RECORD		30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
NONE							
31. PERFORATION RECORD (Interval, size and number) 2237-2294 1 HFP		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 2237-2294		33. PRODUCTION			
DATE FIRST PRODUCTION SI		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)			
DATE OF TEST 5/24/66		HOURS TESTED 3		CHOKE SIZE 3/4		PROD'N. FOR TEST PERIOD ---	
FLOW. TUBING PRESS. 178		CASING PRESSURE ---		CALCULATED 24-HOUR RATE ---		OIL—BBL. 2454	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		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 Harold C. Nichols		TITLE Senior Production Clerk		DATE June 7, 1966			

*(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: "Seals/Gaskets": Attach 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.	GEOLOGIC MARKERS	
					NAME	MEAS. DEPTH
						TRUE VERT. DEPTH
Plutonic cliffs		2237	2294	Sand, Gas		
<i>W. J. O. Smith</i>						