

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____			7. UNIT AGREEMENT NAME _____		
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____			8. FARM OR LEASE NAME Florance		
2. NAME OF OPERATOR Tenneco Oil Company			9. WELL NO. 76		
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado 81301			10. FIELD AND POOL, OR WILDCAT Astec Pictured Cliffs		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 850 FSL 790 FEL At top prod. interval reported below At total depth Same			11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA Sec. 35, T-29-N, R-9-W		
14. PERMIT NO. _____ DATE ISSUED _____			12. COUNTY OR PARISH San Juan		
15. DATE SPUDDED 4/25/66 16. DATE T.D. REACHED 4/28/66 17. DATE COMPL. (Ready to prod.) 5/24/66 18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 5740 GR 19. ELEV. CASINGHEAD 5740			13. STATE New Mexico		
20. TOTAL DEPTH, MD & TVD 2290 21. PLUG, BACK T.D., MD & TVD 2216 22. IF MULTIPLE COMPL., HOW MANY* --- 23. INTERVALS DRILLED BY ROTARY TOOLS 0-2290 CABLE TOOLS 0			25. WAS DIRECTIONAL SURVEY MADE Yes		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2148-2195 Pictured Cliffs			27. WAS WELL CORED No		
26. TYPE ELECTRIC AND OTHER LOGS RUN GR Density					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	20 & 24#	128	12-1/4	100 sx	None
3-1/2	9.2#	2289	7-7/8	275 sx	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
NONE					
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
NONE					
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
2148-52 1 HPF 2162-68 1 HPF 2184-86 2 HPF 2190-95 2 HPF			DEPTH INTERVAL (MD) 2148-2195 AMOUNT AND KIND OF MATERIAL USED 28,000 lbs sd & 30,000 gals wtr.		
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.
5/24/66	3	3/4	---		
FLOW. TUBING PRES.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
97	---	---		1334	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY JUN 1 9 1966 OIL CON. COM. DIST. 3
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		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: "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:

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.
Pictured Cliffs	2148	2195	Sand, Gas

38.

GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH