

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 _____						
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						8. FARM OR LEASE NAME Hamner					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1550' FSL, 790' FWL Unit "L" At top prod. interval reported below At total depth						9. WELL NO. 3					
14. PERMIT NO.						DATE ISSUED					
15. DATE SPUDDED 5-17-66		16. DATE T.D. REACHED 5-19-66		17. DATE COMPL. (Ready to prod.) 6-12-66		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5770' DF		19. ELEV. CASINGHEAD 5760'			
20. TOTAL DEPTH, MD & TVD 2258'		21. PLUG, BACK T.D., MD & TVD 2198'		22. IF MULTIPLE COMPL., HOW MANY* ---		23. INTERVALS DRILLED BY ---		ROTARY TOOLS 0 - 2258'		CABLE TOOLS 0	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2128 - 2164								25. WAS DIRECTIONAL SURVEY MADE Yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN GR 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		CEMENTING RECORD		AMOUNT PULLED	
8-5/8		20 & 24		127		12-1/4		100 Sacks		None	
3-1/2		9.2		2258		7-7/8		275 Sacks			
29. LINER RECORD											
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
				---						None	
31. PERFORATION RECORD (Interval, size and number)						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
2128 - 38 1 HPF						DEPTH INTERVAL (MD)					
2146 - 56 1 HPF						AMOUNT AND KIND OF MATERIAL USED					
2160 - 64 1 HPF						2128 - 2164 45,000 lbs sand & 45,000 gals water					
33.* PRODUCTION											
DATE FIRST PRODUCTION S.I.		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing						WELL STATUS (Producing or shut-in) S.I.			
DATE OF TEST 6-12-66		HOURS TESTED 3		CHOKE SIZE 3/4		PROD'N. FOR TEST PERIOD ---		OIL—BBL. ---		GAS—MCF. ---	
FLOW. TUBING PRESS. 267		CASING PRESSURE ---		CALCULATED 24-HOUR RATE ---		OIL—BBL. ---		GAS—MCF. 3959		WATER—BBL. ---	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WEIGHT LOSS BY JUN 30 1966					
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		Original Signed By HAROLD C. NICHOLS				TITLE Senior Production Clerk				DATE June 29, 1966	
Harold C. Nichols											

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

Distribution:

5 - USGS
1 - Continental

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 83, 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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured cliffs	2120	2164	Sand - Gas			