

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. RESV. ☐	Other ☐			
2. NAME OF OPERATOR		Tenneco Oil Company								
3. ADDRESS OF OPERATOR		P.O. Box 1714, Durango, Colorado 81301								
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		A: surface 990' FSL, 990" FEL A: top prod. interval reported below same A: total depth same								
14. PERMIT NO.		DATE ISSUED								
15. DATE SPUNDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD		
9/16/67		9/18/67		10/19/67		6153 KB		6142 GR		
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		24. ROTARY TOOLS		
3110'		3054'		-		→		Yes		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		3006-3047 Blanco Pictured Cliffs					25. WAS DIRECTIONAL SURVEY MADE		Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN		IES, GRD, Sonic					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		
8 5/8"		24#		125'		12 1/4"		-75 SX		
3 1/2"		7.7#		3087'		7 7/8"		400 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)										
3006-09, 3022-26, 3039-47 w/2/ft.										
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.										
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED								
3006-3047		30,000 # sand								
		33,600 ga. water								
33. PRODUCTION										
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)								
		SI-No test-Pending evaluation								
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		
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		Don D. Coch		TITLE		Production Clerk		DATE		
								4/29/69		

*(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.), formations 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 33.

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: "Stacks 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.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	Casing Record		Well Completion or Recommendation		Geologic Markers		Name		Meas. Depth		True Vert. Depth	
FARMINGTON		2048	2048													
FRUITLAND		2710	2710													
PIC. CLIFFS		3000	3000													
FARMINGTON		2048	2048													
FRUITLAND		2710	2710													
PIC. CLIFFS		3000	3000													

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