

Form approved.
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

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

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)*

At surface 1515' FSL 1480' FSL
Unit Letter "J"
At top prod. interval reported below

At. total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPURRED 12/4/65	16. DATE T.D. REACHED 12/27/65	17. DATE COMPL. (Ready to prod.) 1/28/66	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6626 GR	19. ELEV. CAPPINGHEAD 6625
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20. TOTAL DEPTH, MD & TVD 7500	21. PLUG, BACK E.D., MD & TVD 7450	22. IF MULTIPLE COMPL., HOW MANY? 1	23. INTERVALS DRILLED BY C-1500	ROTARY TOOLS 0	CABLE TOOLS 0
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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

7207-7416 Dakota

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN
DSS, G-R Density and Caliper

27. WAS WELL CORED

CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8	32.3	272	12-1/4	175 sz	None
4-1/2	10.5 & 11.6	7500	7-7/8	1st stage 250 sz	
				2nd stage 175 sz	
				3rd stage 400 sz	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2-3/8	None	None

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
7119-7416 1 HPF 1250 gals acid	7119-7416 15,000 gals var & 10,000 lbs sd.
7283-7293 24 holes	7283-7293 20,000 gals var & 12,000 lbs sd.
7267-7293 18 holes - 1000 gals acid	7267-7293 40,000 gals var & 28,000 lbs sd.
7207-7217 3 HPF	
7250 300 gallons acid	

33.* PRGDUCTION

DATE FIRST PRODUCTION SI	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	WELL STATUS (Producing or shut-in) SI
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DATE OF TEST 2/18/66	HOURS TESTED 3 Hours	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS. 102	CASING PRESSURE 1063	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF. 5909	WATER—BBL.	RECEIVED OIL SERVICE DIV. (1000)	

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 March 1, 1964

***(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; CORDED 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
Pictured Cliffs	2969	2770	SA, Gas			
Manoverlin	4296	5300	SA, Gas			
Dakota	7406	7456	SA, Gas			