

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					
3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 910'FSL, 1760'FWL, Unit N At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
4/4/80		4/14/80		4/25/80	
18. ELEVATIONS (DF, REB, BT, GR, ETC.)*		5594'GR			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
6350		6340			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6127-6318(Dakota)					
26. TYPE ELECTRIC AND OTHER LOGS RUN GR/IND, CPN/CNL					
28. 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"	30#	329'	12 1/4"	275 sxs; TOC: surface	
4 1/2"	10.5, 11.6#	635'	7 7/8"	825 sxs; TOC: surface	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2 3/8	6117				
31. PERFORATION RECORD (Interval, size and number)					
6127-38 2 SPF (118 holes) 6142-44 6204-36 6304-18					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
6127-6318		2500 gal 15% HCL, 156 balls			
		87,200 gal 1% KCL water			
		26,160# XL gel, 80000# 20/40 sand, 25000# 10/20 sand			
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
5/8/80		flowing			shut-in
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
5/8/80	3	3/4	→		Q=1259
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
82	312	→		AOF=1334	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented					
35. LIST OF ATTACHMENTS Electric logs forwarded by Dresser Atlas					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <i>Carly Hatten</i>		TITLE Admin. Supervisor		DATE 5/12/80	

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

NMOCCT

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 38, 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Cliffhouse	3240	3338	Sand, gas	Greenhorn	6020	
Menefee	3338	4020	Sand, shale			
Pt. Lookout	4020	4380	Sand, shale, gas			
Gallup	5280	5825	Sand, shale, gas			
Graffias	6080	6205	Sand, gas			
Dakota	6205	TD	Sand, gas			