

Copy J. H.
to J. H.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 _____		5. LEASE DESIGNATION AND SERIAL NO. MM 0107697	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Tenneco Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 1031, Midland, Texas		8. FARM OR LEASE NAME Jones-Federal "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 660' PSL & 660' PEL of Section 23 At top prod. Interval reported below At total depth		9. WELL NO. 3	
14. PERMIT NO.		DATE ISSUED NOV 13 1964	
15. DATE SPUDDED 9-24-64		16. DATE T.D. REACHED 10-28-64	
17. DATE COMPL. (Ready to prod.) 11-4-64		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3531' DF	
19. ELEV. CASINGHEAD 3517'		10. FIELD AND POOL, OR WILDCAT Undesignated Lusk Strawn	
20. TOTAL DEPTH, MD & TVD 11,560		21. PLUG, BACK T.D., MD & TVD 11,492	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-11,560	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 11,446-11,456 Strawn Reef		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Logging Lateralog and Sonic Log-Gamma Ray		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13 3/8	48#	602	17 1/2
8 5/8	32#	3949	11
4 1/2	11.6#	11560	7 7/8
CEMENTING RECORD		AMOUNT PULLED	
650 sx			
1600 sx			
220 sx and 750 cu ft of sealment			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)		
2 3/8	11,429	11,358	
31. PERFORATION RECORD (Interval, size and number) 11,446-56 w/4 SPT			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
11,446-56		2500 gal 17% ret. acid	
33.* PRODUCTION			
DATE FIRST PRODUCTION 11-5-64		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 11-5-64	HOURS TESTED 24	CHOKE SIZE 13/64	PROD'N. FOR TEST PERIOD 391
FLOW. TUBING PRESS. 1500	CASING PRESSURE Packer	CALCULATED 24-HOUR RATE 391	OIL—BBL. 1212
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented pending completion of gas pipeline		TEST WITNESSED BY Frank Poole	
35. LIST OF ATTACHMENTS Logs listed in Section 26 and temperature surveys			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED R.G. Bowers		TITLE Dist. Office Supervisor	
DATE 11-9-64			

*(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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Wolfcamp	10558 10583 10618	10576 10594 10622	Lime, white to light tan, finely xln No DST	T/Restler T/Salado(Salt) T/Yates T/Bel. Sd.	685 880 2372 4390	
Strawn Reef	11377 11423 11437 11445	11382 11428 11443 11480	Lime, white to light tan, finely xln DST 11,360-11,446 1000' water cushion Rec. water cushion & 1800' free oil DSTP 4067 FSTP 4067 DTP 466 FTT 936	T/Bone Spring T/1st Sand T/2nd Sand T/3rd Sand T/Wolfcamp Lime T/Strawn	7085 8362 9098 9940 10550 11282	