

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL GAS WELL DRY

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
Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 660' FNL & 990' FWL of Sec. 26
At top prod. interval reported below
At total depth _____

5. LEASE DESIGNATION AND SERIAL NO.
NM 0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jones "B" Federal

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Undesignated Lusk

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 26, T-19-S, R-31-E
Eddy New Mexico

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. PERMIT NO. _____ **DATE ISSUED** _____

15. DATE SPUDDED 8-21-65 **16. DATE T.D. REACHED** 9-18-65 **17. DATE COMPL. (Ready to prod.)** P & A 11-15-65 **18. ELEVATIONS (DF, REB, BT, GR, ETC.)*** 3536 DF **19. ELEV. CASINGHEAD** 3518

20. TOTAL DEPTH, MD & TVD 11539 **21. PLUG, BACK T.D., MD & TVD** _____ **22. IF MULTIPLE COMPL., HOW MANY*** _____ **23. INTERVALS DRILLED BY** Rotary **ROTARY TOOLS** _____ **CABLE TOOLS** _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
none **25. WAS DIRECTIONAL SURVEY MADE** no

26. TYPE ELECTRIC AND OTHER LOGS RUN
Sonic Log- Gamma Ray- Caliper **27. WAS WELL CORED** no

28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48#	690	17 1/2	700 sx	none
8 5/8	32#	3213	11	250sx	1237

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
none

32. ACID, SHOULDER, STRUCTURE, CEMENT SOURCE, ETC.

DEPTH INTERVAL (MD)	FLUID AND MATERIAL USED
none	

33. PRODUCTION

DATE FIRST PRODUCTION _____ **PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)** _____ **WELL STATUS (Producing or shut-in)** _____

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ **TEST WITNESSED BY** _____

35. LIST OF ATTACHMENTS
Log as shown in section 26

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED A.R. Gibson TITLE Dist. Drlg. Foreman DATE 11-17-65

RECEIVED

RECEIVED
NOV 22 1965
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

INSTRUCTIONS

General: This form is designed for use by both, pursuant to applicable Federal 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 regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal or State office. See instructions on Form 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary and pressure tests, and directions should be listed on this form, see item 4: If there are no applicable State or Federal office for specific instructions. Item 18: Indicate which elevation is used in items 22 and 24: If this well is completed, or intervals, top(s), bottom, for each additional interval to be cemented, "Sacks Cement": Attached to this form. Item 33: Submit a separate completion

complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, 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 regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal or State office. See instructions on Form 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary and pressure tests, and directions should be listed on this form, see item 4: If there are no applicable State or Federal office for specific instructions. Item 18: Indicate which elevation is used in items 22 and 24: If this well is completed, or intervals, top(s), bottom, for each additional interval to be cemented, "Sacks Cement": Attached to this form. Item 33: Submit a separate completion

ST. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROUSNESS, DEPTH INTERVAL TESTED, CUSHION

FORMATION	TOP
Strawn Reef	11352

CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING

DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TRUE VERT. DEPTH
Wh - ctm fxl n foss lm no sho	678	
pst 11270 to 11539 1000' WB	1030	
15" IFF 582#	2310	
60" ISIP 1473#	4500	
60" FFF 582 #	7005	
120" FSIP 2816#	8300	
IEMP = 5064#	8970	
FEMP = 5064#	9880	
BHT = 168 F	10383	
Recovered 1000' WB + 30' ØM	10635	
Bottom hole Sampler - recovered	11200	
160 cc's of SOCM + 1.65 cfG	11352	

GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
T/Anhydrite	678	
T/Salt	1030	
T/Yates Sand	2310	
T/Delaware Sand	4500	
T/Bone Springs Lime	7005	
T/1st Bone Springs Sand	8300	
T/2nd Bone Springs Sand	8970	
T/3rd Bone Springs Sand	9880	
T/Wolfcamp Lime	10383	
T/Cisco shale	10635	
T/Strawn lime	11200	
T/Strawn Reef	11352	
T/Reef Porosity	11352	
Base Reef For.	11356	
Base Reef	11386	