

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 *

5. LEASE DESIGNATION AND SERIAL NO.

NM-081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

So. Hospah Unit

8. FARM OR LEASE NAME

9. WELL NO.

40

10. FIELD AND POOL, OR WILDCAT

Upper Hospah

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 12, T17N, R9W

12. COUNTY OR
PARISH

McKinley

13. STATE

New Mexico

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

Suite 1200 Lincoln Tower Building, Denver, CO 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

2420' F/NL & 1650' F/EL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

6-9-70

16. DATE T.D. REACHED

6-11-70

17. DATE COMPL. (Ready to prod.)

6-25-70

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6989 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1637

21. PLUG, BACK T.D., MD & TVD

1630

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

Rotary

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1576'-1614' Upper Hospah

25. WAS DIRECTIONAL
SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES & CFD

27. WAS WELL CORED
No

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
8-5/8"	24	71	12-1/4"	75 sks circulated
5-1/2"	15.5	1637	7-7/8"	100 sacks

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	1534	None

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

1576-78

1584-88

1591-95

1598-1600

1610-1614

w/2 shots per ft.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1576-1614	15 gal 15% HCL
1576-1614	Frac 6000 gal oil
	20# per 1000 adomite
	1# per gal 20/40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION 6-25-70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping 1-1/2" insert rod				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 7-15-70	HOURS TESTED 24	CHOKE SIZE None	PROD'N. FOR TEST PERIOD →	OIL—BBL. 4	GAS—MCF. TSTM	WATER—BBL. 36	GAS-OIL RATIO TSTM
FLOW. TUBING PRESS. ---	CASING PRESSURE ---	CALCULATED 24-HOUR RATE →	OIL—BBL. ---	GAS—MCF. ---	WATER—BBL. ---	OIL GRAVITY-API (CORR.) 31.9	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

None

TEST WITNESSED BY

J. Cook

35. LIST OF ATTACHMENTS

None

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

SIGNED

TITLE

Sr. Production Clerk

DATE

8-3-70

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

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.

should be listed on this form, see item 35.

Locations on Federal or Indian land should be described in accordance with Federal requirements. Consent, local State, or applicable State requirements should be noted.

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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. Indicate the elevation by writing the number of the elevation in the space below. Do not check off more than one and in from 24 attachments.

For each additional interval to be separately produced, showing the additional data pertinent to such interval, the user must indicate the location of the competing tool items 42 and 44; if this well completed for separate production from more than one interval zone (multiple completion), so state in item 44, and in item 43 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.

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.)

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

38. GEOLOGIC MARKERS