

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

(See other instructions on reverse side)

Budget Bureau No. 42-B355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-3615	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRAIL NAME	
2. NAME OF OPERATOR Tenneco Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1360 Lincoln St., Suite 1200, Denver, Colorado 80295		8. FARM OR LEASE NAME Canyon	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790' FSL and 1100' FWL, Unit P At top prod. interval reported below At total depth		9. WELL NO. 20	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 10-22-76		16. DATE T.D. REACHED 11-2-76	
17. DATE COMPL. (Ready to prod.) 12-15-76		18. ELEVATIONS (DF, RKB, RT, OR, ETC.)* 6443' GL	
20. TOTAL DEPTH, MD & TVD 6105'		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Basin Dakota = 5920'-6105'		25. WAS DIRECTIONAL SURVEY MADE Yes ☐ No ☒	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray and Density Logs		27. WAS WELL CORED No ☒	
29. CASING RECORD (Report all strings set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
3-5/8"	24#	301	12-1/4"
5-1/2"	15.5#	6105	7-7/8"
CEMENTING RECORD		AMOUNT PAILED	
275 Sacks		None	
325 Sacks		None	
30. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
31. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	5920'	None Set	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
5952'-5924'		Frac'd w/ - 84,000#s of 20/40 Mesh Sand	
33. PRODUCTION			
DATE FIRST PRODUCTION 12-15-76		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 12-27-76		HOURS TESTED 3 Hours	
CHOKES SIZE 3/4"		PROD'N. FOR TEST PERIOD	
OIL—BBL. -0-		GAS—MCF. 1527	
WATER—BBL. -0-		GAS-OIL RATIO -0-	
FLOW. TUBING PRESS. 304'		CASINO PRESSURE 1232	
CALCULATED 24-HOUR RATE		OIL—BBL. -0-	
GAS—MCF. 17604		WATER—BBL. -0-	
OIL GRAVITY-APT (CORR.)		-0-	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold.			
35. LIST OF ATTACHMENTS Logs have already been mailed to your office.			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED <u>D. D. Myer</u>		TITLE <u>Div. Production Manager</u>	
DATE <u>12-31-76</u>			

*(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.

[illegible]

interval, or intervals, top(s), bottom(s), and name(s) (if any) for only the interval reported in item 83. 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 POROL'S ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DETAIL INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	1352	1440	Sandstone, Shale			
Chacra	1770	1950				
Cliff House	2172	2528				
Menefee	2528	3838				
Point Lookout	3838	4015				
Gallup	4870	5150				
Dakota	5920	TD				