

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 ☐	Other				
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other		
2. NAME OF OPERATOR TEXACO OIL COMPANY									
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado 81302									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 035 FUL 1190 FUL At top prod. interval reported below At total depth Unit D									
14. PERMIT NO.				DATE ISSUED					
15. DATE SPURRED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (OF, RKB, RT, GE, ETC.)*		19. ELEV. CASINGHEAD	
10/10/66		10/21/66				3039 LR		5089	
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS	
6739		6692						0-6739	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6670-6538 Dakota 4546-4446 MV								25. SECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN IR, GRD								27. WAS WELL CORRED No	
28. CASING RECORD (Report all strings set in well)								U. S. GEOLOGICAL SURVEY	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD	
8 5/8		20 & 24		410		12 1/8		250 SX	
4 1/2		10.5 & 11.0		6739		7 7/8		170 SX 1st Stage	
								135 SX 2nd Stage	
								210 SX 3rd Stage	
29. LINER RECORD								30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)	
31. PERFORATION RECORD (Interval, size and number)								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6670 - 6538 1 HPF 4546 - 4446 1 HPF								DEPTH INTERVAL (MD)	
								6692	
								6670 - 6538	
								6670 - 6538	
								4546 - 4446	
								AMOUNT AND KIND OF MATERIAL USED	
								250 Al. mud acid	
								500 Al.	
								75000/ 3 and 4 100,000 gal. vtr.	
								70000/ 3 and 4 60,000 gal. vtr.	
33. PRODUCTION									
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)			
81		Flowing				81			
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.	
1/3/67		3		3/4		→		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		WATER—BBL.	
Pecker		252		→		GAS—MCF.		OIL GRAVITY-API (CORR.)	
						Max - 1310			
						MV - 3459			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								TEST WITNESSED BY	
35. LIST OF ATTACHMENTS									
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records									
SIGNED		TITLE				DATE			
Harold C. Nichols		Senior Production Clerk				1/31/67			

*(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	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
			Shale (see - not tested)	P. C.	2103	
			(see)	N. Y.	3715	
			(see)	Calleg	5570	
				Greenb	6180	
				Dakota	6404	