

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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 _____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

P. O. Box 1714, Durango, Colorado

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

At surface 1745 FSL, 1475 FEL

At top prod. interval reported below

Unit J

14. PERMIT NO.

DATE ISSUED



5. LEASE DESIGNATION AND SERIAL NO.

SF 079596

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Morris Com.

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec 10, T-27-N, R-10-W

12. COUNTY OR PARISH

13. STATE

San Juan

New Mexico

19. ELEV. CASINGHEAD

15. DATE SPUNDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

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

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

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

22. IF MULTIPLE COMPL., HOW MANY?

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

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

25. WAS DIRECTIONAL SURVEY MADE

27. WAS WELL CORED

26. TYPE ELECTRIC AND OTHER LOGS RUN

Induction Electric, Density

CASING RECORD (Report all strings set in well)

CEMENTING RECORD

AMOUNT PULLED

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)
8-5/8"	24#	470
4-1/2"	10.5#	6787

HOLE SIZE
12-1/4"
6-3/4"300 ax
255 first stage
225 second stage
200 third stages

None

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	6700	

31. PERFORATION RECORD (Interval, size and number)

6714-20 w/1/ft
6674-78 w/1/ft
6668-72
6650-56 w/1/ft
6596-6602 w/2/ft.
6562-66 w/2/ft.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6714-6656	500 gals acid, 80,000# sd, 90,000 wtr.
6596-6566	500 gals acid, 40,000# sd, 50,000 wtr

33.* PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

DATE FIRST PRODUCTION

DATE OF TEST

12/7/67

FLOW, TUBING PRESS.

380

HOURS TESTED

3

CHOKE SIZE

3/4

CALCULATED 24-HOUR RATE

SI 1780

PROD'N. FOR TEST PERIOD

OIL—BBL.

GAS—MCF.

6005

WATER—BBL.

OIL GRAVITY-API (CORR.)

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

DATE 12/7/67

SIGNED

M. K. Wagner

TITLE

*(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 agency or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. All attachments should be listed on this form, see item 35.

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.

Item 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. (See instruction for items 22 and 24 above.)

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:		38. GEOLOGIC MARKERS	
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		NAME	
FORMATION	TOP	BOTTOM	MEAS. DEPTH
			2155
			3630
			4840
			6554
		Pictured Cliffs Mesaverde Mancos Dakota	
		TOP MEAS. DEPTH TRUE VERT. DEPTH	