

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, Colc 81302															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1660' FSL, 930' FWL At top prod. interval reported below Same At total depth Same															
14. PERMIT NO. _____ DATE ISSUED _____															
5. DATE SPUDDED 6-17-65		16. DATE T.D. REACHED 7-2-65		17. DATE COMPL. (Ready to prod.) 7-16-65		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6009 GR		19. ELEV. CASINGHEAD 6009							
20. TOTAL DEPTH, MD & TVD 6690		21. PLUG, BACK T.D., MD & TVD 6648		22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY 0-6690		ROTARY TOOLS 0		CABLE TOOLS 0					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6380 - 6654															
25. WAS DIRECTIONAL SURVEY MADE Yes															
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric, Formation Density															
27. WAS WELL CORED No															
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
8-5/8		24#		270		12-1/4		125 sx		RECEIVED NOV 4 1965					
4-1/2		9.5#		6685		7-7/8		1250 sx							
29. LINER RECORD															
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD					
										SIZE 2-3/8		DEPTH SET (MD) 6447			
31. PERFORATION RECORD (Interval, size and number) 6622-6654 3 HPT 6380-6413 1 HPT 6462-6499 2 HPT															
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.															
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED													
6622-6654		63,000 gal wtr, 32,500 lb sd													
6498-6380		113,000 gal wtr, 75,000 lb s													
33.* PRODUCTION															
DATE FIRST PRODUCTION S.I.		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing								WELL STATUS (Producing or shut-in) S.I.					
DATE OF TEST 7-27-65		HOURS TESTED 3		CHOKE SIZE 3/4		PROD'N. FOR TEST PERIOD →		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS. 533		CASING PRESSURE 1122		CALCULATED 24-HOUR RATE →				OIL—BBL.		GAS—MCF. 9357		WATER—BBL.		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) AOF - vented S.I.															
35. LIST OF ATTACHMENTS															

***(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:			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						
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	1998	2086	Sand - gas			
Mesaverde	3553	4650	Gas			
Dakota	6383	6618	Gas			
Morrison	6618	6690	Water			