

Form approved.
Budget Bureau No. 42-R355.5.

1a. TYPE OF WELL:		OIL WELL ☐ GAS WELL ☐ DRY ☐ Other ☐		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION:		NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR		Tanneco Oil Company		Florence	
3. ADDRESS OF OPERATOR		P. O. Box 1714, Durango, Colorado 81301		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 935' FSL 1755' FWL Unit Letter "N"		10. FIELD AND POOL, OR WILDCAT	
At top prod. interval reported below				Blanco-Pictured Cliffs	
At total depth				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
				Sec. 1, T-29-N, R-9-W	
		14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
2/10/66		2/15/66		3/24/66	
18. ELEVATIONS (DF, BKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD			
6360 GR		6360			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
3131		3064			
23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS	
0-3131					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE			
2997-3023 Pictured Cliffs		Yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN		27. WAS WELL CORED			
GR-Density		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#	147	12-1/4	100 sz	None
3-1/2	7.7#	3129	7-7/8	120 sz	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
NONE					
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
NONE					
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
2997-3023 22 holes			DEPTH INTERVAL (MD)		
			AMOUNT AND KIND OF MATERIAL USED		
			2997-3023 30,000 lbs. 80. & 30,000 gals. wtr.		
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.	GAS—MCF.
4/10/66	3 Hours	3/4			
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
142	81 917			1907 MCFD	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY		
81					
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		DATE	
Harold G. Nichols		Senior Production Clerk		April 24, 1966	

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

5 USGS, Wmg. 1 Cont. 1 TOC File

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	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Pictured Cliffs 2997		3023	Sd, Gas				