

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. ST 080000	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Tenneco Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado		8. FARM OR LEASE NAME Florance	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 890 FWL 840 FWL At top prod. interval reported below Unit Letter "D" At total depth		9. WELL NO. 486	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 26, T-29-N, R-9-W	
15. DATE SPUNDED 4/6/66		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED 4/9/66		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 5/6/66		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5866 GR	
19. ELEV. CASINGHEAD 5866		20. TOTAL DEPTH, MD & TVD 2460	
21. PLUG, BACK T.D., MD & TVD 2307		22. IF MULTIPLE COMPL., HOW MANY* ---	
23. INTERVALS DRILLED BY ---		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2334-2351 Pictured Cliffs	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN GR-Density	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.	
8-5/8		20.24#	
3-1/2		9.2# 10R	
DEPTH SET (MD)		HOLE SIZE	
124		12-1/4	
2457		7-7/8	
CEMENTING RECORD		AMOUNT PULLED	
100 sx		None	
250 sx			
29. LINER RECORD		30. TUBING RECORD	
SIZE		SIZE	
NONE		NONE	
TOP (MD)		DEPTH SET (MD)	
BOTTOM (MD)		PACKER SET (MD)	
SACKS CEMENT*			
SCREEN (MD)			
31. PERFORATION RECORD (Interval, size and number) 2334-2345 2 HPF 2351-2359 1 HPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 2334-2359 AMOUNT AND KIND OF MATERIAL USED 30,000 gals wtr, 30,000 lbs. sd.	
33.* PRODUCTION			
DATE FIRST PRODUCTION SI		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) SI			
DATE OF TEST 5/6/66		HOURS TESTED 3	
CHOKE SIZE 3/4		PROD'N. FOR TEST PERIOD ---	
OIL—BBL. ---		GAS—MCF. ---	
FLOW. TUBING PRESS. 325		CASING PRESSURE ---	
CALCULATED 24-HOUR RATE ---		OIL—BBL. ---	
GAS—MCF. ---		WATER—BBL. ---	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		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 Harold C. Nichols		TITLE Senior Production Clerk	
DATE June 1, 1966			

* (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 and 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	TRUE VERT. DEPTH
Pictured Cliffs	2334	2359	Sand - Gas			