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.

5. LEASE DESIGNATION AND SERIAL NO.

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| WELL COI | MPLET | ION O | R RECOM | PLETION F | REPORT A | ND LO | G * | 6. IF INDIAN, A | LLOTTEE OR TRIBE NAME |
|--|--|-------------|------------------|---------------------------------------|---|---------------|-----------------|--|-------------------------|
| b. TYPE OF COM | | WELL | GAS X | DRY . | Other | | | 7. UNIT AGREEM | ENT NAME |
| NEW XX | WORK OVER | DEED. | PLUG BACK | DIFF. CESVR. | Other | | | S. FARM OR LEA | SE NAME |
| 2. NAME OF OPERAT | | | | | | | | Archuleta | |
| Tenneco | | ompany | | - | | | | 9. WELL NO. | |
| 3. ADDRESS OF OPER 720 S. Col | | R1vd. | Denver. (| Co 80222 | | - | | 10. FIELD AND I | POOL, OR WILDCAT |
| 4. LOCATION OF WEL | | | | | y State requirem | ents)* | | i | ictured Cliffs |
| | | | O'FWL, Uni | | | | | 11. SEC., T., R., 2 OR AREA | M., OR BLOCK AND SURVEY |
| At top prod into | erval repoi | rted below | | . 3 | ; | : | | UR ALE4 | |
| At total depth | | | | • | | | | Soc 10 | +30N D8M |
| At total depth | | | Ī | 14. PERMIT NO. | DA? | TE ISSUED | | 12. COUNTY OR | 13. STATE |
| • | | | | | . | 5 | | San Juan | New Mexico |
| 15. DATE SPUDDED | 16. DATE | T.D. REACE | IED 17. DATE (| COMPL. (Ready to | prod.) 18. E | | | RT, GR, ETC.)* 1 | 9. ELEV. CASINGHEAD |
| 7/19/79 | 14. PERMIT NO. DATE INSUED 12. CAPTER OR TO. PRACHED 13. STACE PARAJAN San Juan 14. New Mexico 15. DATE TO. BRACKED. 17. DATE COMPIL. (Reddy to prod.) 18. BLEVATIONS (OF, REB. PT., O., ETC.)* 29. ELEV. CASINGRAD TO. 20. ELEV. CASINGRAD TOOLS 3108' NOTATE TOOLS 3108' NOTATE TOOLS 3108' NOTATE TOOLS AND OTHER COMPLETION—FOP, BOTTOM, WAME (MD AND TVD)* 25. WAR DIRECTONAL SECRET MADE YES NOTATE TOOLS CASING RECORD (Report all strings set in well) CASING RECORD (Report all strings set in well) 10. ST. WAR WILL CORNED CASING RECORD (Report all strings set in well) 10. ST. WAR WILL CORNED CASING RECORD (Report all strings set in well) 10. ST. WAR WILL CORNED CASING RECORD (Report all strings set in well) 10. ST. WAR WILL CORNED CASING RECORD (Report all strings set in well) 10. ST. WAR WILL CORNED NO CASING RECORD (Report all strings set in well) 10. ST. WAR WILL CORNED 10. ST. WAR WILL CORNED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED 10. ST. WAR WILL CORNED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED 10. ST. WAR WILL CORNED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED AMOUNT FULLED SEE ACID, SHOT, PRACTURE, CEMENT SQUEEZE, ETC. DEFTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL DEED FOR DUCTION FRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION AMOUNT AND KIND OF MATERIAL DEED AMOUN | | | | | | | | |
| | ABULLED BY O-TD 25. WAS DIRECTIONAL ORD STREET AND ADDRESS OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3004-3066 (Pictured Cliffs) PE ELECTRIC AND OTHER LOCA RUY Induction—SFI., CND CASING RECORD (Report all strings set in well) ABINO BIEF VES CASING RECORD (Report all strings set in well) ABINO BIEF VES CASING RECORD (Report all strings set in well) ABINO BIEF VEGETY 10.5# 190' 12 1/4" 150 Sacks None 1/2" 10.5# 3148' 7.7/8" 825 Sacks None LINER RECORD BIEF TOP (MD) BOTTOM (MD) BACKS CRMENT* SCREEN (MD) SIZE TOP (MD) BOTTOM (MD) BACKS CRMENT* SCREEN (MD) BEFORATION RECORD (Interval, size and number) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) FRODUCTION PRODUCTION METHOD (Flowing, gas M/F, pumping—size and type of pump) SMILL-IN—CONNECT (SIZE) SMILL STATES BELL GAS—MCF. WATER—SELL GAS—MCF. ANDOTT AND MCF. WATER—SELL GAS—MCF. WATER—SELL GAS—MCF. AND GAS—MCF. SING AND MCF. S | CABLE TOOLS | | | | | | | |
| :- | VAL(8) 01 | | PLETION-TOP. F | ROTTOM. NAME () | (D AND TVD)* | | > | 1 0-10 | 25. WAS DIRECTIONAL |
| 21. I BODOCING INIDA | .vab(s), o. | | | , (- | , | | | 2 × 2 | SURVEY MADE |
| | 30 | 04-306 | 6(Picture | d Cliffs) | | | | | Yes |
| 26. TYPE ELECTRIC A | | | | | | | ,, | 27 | . WAS WELL CORED |
| In | ductio | n-SFL., | CND | | ** | | | | <u>No</u> . |
| | | | | | | | | | |
| | | | | | | | | | - - : |
| 3148' 3108' 0-TD 25. WAR DIRECT SURVEY MAD 3004-3066 (Pictured Cliffs) 26. TYPE ELECTRIC AND OTHER LOGS RUN INDUCTION—TOP, BOTTOM, NAME (MD AND TVD)* 27. WAR WELL CORE INDUCTION—TOP, BOTTOM, NAME (MD AND TVD)* 28. TYPE ELECTRIC AND OTHER LOGS RUN INDUCTION—TOP, BOTTOM, NAME (MD AND TVD)* 29. CASING RECORD (Report all strings set in well) 29. LINER RECORD 30. TUBING RECORD 31. PERFORATION RECORD (Interval, size and number) 32. ACID. SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 33.* DEFTH INTERVAL (MD) 33.* PRODUCTION 33.* PRODUCTION PRODUCTION METHOD (Flowing, gas H/t, pumping—size and type of pump) 33.* PRODUCTION 33.* PRODUCTION 33.* PRODUCTION 34.* FIRST PRODUCTION 35.* HOURS TERTY 36.* HOURS TREETED (KNOKE SIZE PRODUCTION 36.* TIBLE AND TREETED (CHOKE SIZE PRODUCTION 36.* TIBLE AND TREETED (CHOKE SIZE PRODUCTION 36.* TIBLE SOLD TREETED (CHOKE SIZE PRODUCTION 36.* DISPOSITION OF CASE (SAME, west of production, detc.) 36.* DISPOSITION OF CASE (SAME, west of production, detc.) 37.* WAS WELL CORE SIZE PRODUCTION 38.* DISPOSITION OF CASE (SAME, west of production, detc.) 38.* DISPOSITION OF CASE (SAME, west of production, detc.) 38.* DISPOSITION OF CASE (SAME, west of production, detc.) 38.* DISPOSITION OF CASE (SAME, west of production, detc.) 38.* DISPOSITION OF CASE (SAME, west of production, detc.) 38.* DISPOSITION OF CASE (SAME, west of production, detc.) 38.* DISPOSITION OF CASE (SAME, west of, cented, etc.) 38.* DISPOSITION OF CASE (SAME, west of, cented, etc.) 39.* DISPOSITION OF CASE (SAME, west of, cented, etc.) 30.* TUBLE Admin. Supervisor TITLE Admin. Supervisor | _ | | | | | | | | |
| 4 1/2 | - | J1r | 3148 | | //0 | 023 | Sack | 5 | - None |
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| 29. | ' | LIN | ER RECORD | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 30. | | TUBING RECORI | |
| SIZE | TOP (MI | BO' | rrom (md) s | ACKS CEMENT* | SCREEN (MD) | | | | PACKER SET (MD) |
| None | | | | | | - -1 | <u>/4" </u> _ | 3083, | |
| 31 PERFORATION REC | OPD (Inter | rnal size a | nd number) | | 1 00 | ACID SHOW | ED A C | THE CENTER OF | OTTERRE PEC |
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| | | ESTED | | | OIL—BBL. | | | WATER BBL. | GAS-OIL RATIO |
| | | PRESIDE | <u> </u> | CII—BRI | GAS—WC | <u> </u> | | -RRI OI | L GRAVITY-API (CORR.) |
| | | | |] | | | WALDE | AUG | 29-107a |
| | <u> </u> | | , vented, etc.) | | 1 | | | TEST WITHESSE | D BT |
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| | / | • | | | • | | | DIET S | W. L. H. C. C. C. |
| | | | | | MYMOCO | _ | B | DIST 3 | |

NSTRUCTIONS

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. #14 (N=1 12=**12553**.8

should be listed on this form, see item 35.

should be listed on this form, see item so.

| Here 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.

| Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions. | Consult local State or Federal office for specific instructions | Consult local State or Federal office for specific instructions | Consult local State or Federal office for specific instructions | Consult local State or Federal office for specific instructions | Consult local State or Federal o

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 3. 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.)

| GEOLOGIC MARKERS MEAS. DEPTH 2702 |
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