

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 ☐							
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐					
2. NAME OF OPERATOR Tenneco Oil Company						RECEIVED SEP 14 1966 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.						
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado												
4. LOCATION OF WELL (Report location clearly and in accordance with any State Laws) At surface 1025 FSL 1775 FSL Unit 0												
At top prod. interval reported below												
At total depth						14. PERMIT NO.	DATE ISSUED					
15. DATE SPUDDED 7/21/66		16. DATE T.D. REACHED 7/25/66		17. DATE COMPL. (Ready to prod.) 8/14/66		18. ELEVATIONS (DF. RKB, RT, GR, ETC.)* 6260 Gr.		19. ELEV. CASINGHEAD 6660				
20. TOTAL DEPTH, MD & TVD 3110		21. PLUG, BACK T.D., MD & TVD 3071		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0 - 3110		ROTARY TOOLS 0 - 3110		CABLE TOOLS		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2972 - 2978 Pictured Cliffs								25. WAS DIRECTIONAL SURVEY MADE Yes				
26. TYPE ELECTRIC AND OTHER LOGS RUN ILB Log								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"		20 & 24		125		12 1/4"		125 ex				
3 1/2"		9.2		3101		7 7/8"		275 ex				
29. LINER RECORD										30. TUBING RECORD		
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		PACKER SET (MD)		
										None		
31. PERFORATION RECORD (Interval, size and number) 2972 - 78 4 HPT						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						
DEPTH INTERVAL (MD)						AMOUNT AND KIND OF MATERIAL USED						
2972 - 2978						30000 gal wtr., 30000# sand						
33.* PRODUCTION												
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)				
Shut in		Flowing						Shut in				
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/14/66		3		3/4"		→						
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	OIL GRAVITY-API (CORR.)	
		237		→				3273				
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		TITLE						DATE				
Harold C. Nichols		Senior Production Clerk						9/14/66				

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

DISTRIBUTION:

5-U.G.S, 1-Continental, 1-Artex, 1-File

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, for 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.

(drillers, geologists, sample and core analysis, all types electric, etc.), formations and pressure tests, and directional surveys, 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 is a

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: "Stucco/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	MEAN. DEPTH	TOP	TRUE VERT. DEPTH
Flattured cliff	2972	2978	Sand - Gas				