

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 <input type="checkbox"/>            | GAS WELL <input checked="" type="checkbox"/> | DRY <input type="checkbox"/>                | Other <input type="checkbox"/>                     |                                                                                                                                    |                                |                                                                                                                 |  |
| 1b. TYPE OF COMPLETION:                                                                                                                                                                             |  | NEW WELL <input checked="" type="checkbox"/> | WORK OVER <input type="checkbox"/>           | DEEP-EN <input type="checkbox"/>            | PLUG BACK <input type="checkbox"/>                 | DIFF. RESVR. <input type="checkbox"/>                                                                                              | Other <input type="checkbox"/> |                                                                                                                 |  |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company                                                                                                                                                          |  |                                              |                                              |                                             |                                                    | 14. PERMIT NO.<br>5883                                                                                                             | DATE ISSUED<br>2/20/68         |                                                                                                                 |  |
| 3. ADDRESS OF OPERATOR<br>1200 Lincoln Tower Building, Denver, Colorado 80203                                                                                                                       |  |                                              |                                              |                                             |                                                    | 12. COUNTY OR PARISH<br>San Juan                                                                                                   | 13. STATE<br>New Mexico        |                                                                                                                 |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface 1100 FNL, 1020 FEL<br>At top prod. interval reported below Unit A<br>At total depth same |  |                                              |                                              |                                             |                                                    | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Pictured Cliffs<br>11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br>Sec 11, T30N, R9W |                                |                                                                                                                 |  |
| 15. DATE SPUDDED<br>10/2/67                                                                                                                                                                         |  | 16. DATE T.D. REACHED<br>10/7/67             |                                              | 17. DATE COMPL. (Ready to prod.)<br>2/20/68 |                                                    | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*<br>5883 KB                                                                                 |                                | 19. ELEV. CASINGHEAD<br>5869 GR                                                                                 |  |
| 20. TOTAL DEPTH, MD & TVD<br>2787                                                                                                                                                                   |  | 21. PLUG, BACK T.D., MD & TVD<br>2757        |                                              | 22. IF MULTIPLE COMPL., HOW MANY*           |                                                    | 23. INTERVALS DRILLED BY<br>Rotary Tools                                                                                           |                                | 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>2631-52<br>2670-2716 Fruitland |  |
| 25. TYPE ELECTRIC AND OTHER LOGS RUN<br>GRD                                                                                                                                                         |  |                                              |                                              |                                             |                                                    | 26. WAS WELL CORED<br>NO                                                                                                           |                                | 27. WAS DIRECTIONAL SURVEY MADE<br>Yes                                                                          |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                  |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |
| CASING SIZE                                                                                                                                                                                         |  | WEIGHT, LB./FT.                              |                                              | DEPTH SET (MD)                              |                                                    | HOLE SIZE                                                                                                                          |                                | CEMENTING RECORD                                                                                                |  |
| 8 5/8                                                                                                                                                                                               |  | 20#                                          |                                              | 163.58                                      |                                                    | 12 1/4                                                                                                                             |                                | 150 SX                                                                                                          |  |
| 3 1/2                                                                                                                                                                                               |  | 7.7 #                                        |                                              | 2785                                        |                                                    | 7 7/8                                                                                                                              |                                | 400 SX                                                                                                          |  |
| 29. LINER RECORD                                                                                                                                                                                    |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |
| SIZE                                                                                                                                                                                                |  | TOP (MD)                                     |                                              | BOTTOM (MD)                                 |                                                    | SACKS CEMENT*                                                                                                                      |                                | SCREEN (MD)                                                                                                     |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |
| 30. TUBING RECORD                                                                                                                                                                                   |  |                                              |                                              |                                             | 31. PERFORATION RECORD (Interval, size and number) |                                                                                                                                    |                                |                                                                                                                 |  |
| SIZE                                                                                                                                                                                                |  | DEPTH SET (MD)                               |                                              | PACKER SET (MD)                             |                                                    | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                     |                                |                                                                                                                 |  |
| None                                                                                                                                                                                                |  |                                              |                                              |                                             |                                                    | 33. PRODUCTION                                                                                                                     |                                |                                                                                                                 |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    | DATE FIRST PRODUCTION<br>SI                                                                                                        |                                |                                                                                                                 |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br>SI-No test- Pending evaluation                             |                                |                                                                                                                 |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    | WELL STATUS (Producing or shut-in)<br>SI                                                                                           |                                |                                                                                                                 |  |
| DATE OF TEST                                                                                                                                                                                        |  | HOURS TESTED                                 |                                              | CHOKE SIZE                                  |                                                    | PROD'N. FOR TEST PERIOD                                                                                                            |                                | OIL—BBL.                                                                                                        |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |
| FLOW. TUBING PRESS.                                                                                                                                                                                 |  | CASING PRESSURE                              |                                              | CALCULATED 24-HOUR RATE                     |                                                    | OIL—BBL.                                                                                                                           |                                | GAS—MCF.                                                                                                        |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    | WATER—BBL.                                                                                                                         |                                | OIL GRAVITY-API (CORR.)                                                                                         |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                                                                                          |  |                                              |                                              |                                             |                                                    | TEST WITNESSED BY                                                                                                                  |                                |                                                                                                                 |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |
| 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                                                                                                                                                                                              |  | Don H. Cool                                  |                                              | TITLE                                       |                                                    | Production Clerk                                                                                                                   |                                | DATE                                                                                                            |  |
|                                                                                                                                                                                                     |  |                                              |                                              |                                             |                                                    |                                                                                                                                    |                                |                                                                                                                 |  |

\*(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 38, 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.)

**Item 37:** SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORDED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

**Item 38:** GEOLOGIC MARKERS

**Item 39:** NAME

**Item 40:** MEAS. DEPTH

**Item 41:** TRUE VERT. DEPTH

**Item 42:** TYPE OF COMPLETION

**Item 43:** DATE OF COMPLETION

**Item 44:** WELL COMPLETION OR RECOMPLETION REPORT

**Item 45:** UNITED STATES

**Item 46:** DEPARTMENT OF THE INTERIOR

**Item 47:** GEOLOGICAL SURVEY

**Item 48:** 871-233

**Item 49:** U.S. GOVERNMENT PRINTING OFFICE: 1963-O-685656

**Item 50:** Fruitland

**Item 51:** Pic. Cliffs

**Item 52:** 2390

**Item 53:** 2666

**Item 54:** 2666

**Item 55:** TD

**Item 56:** 2390

**Item 57:** 2666

**Item 58:** 2666

**Item 59:** 2666

**Item 60:** 2666

**Item 61:** 2666

**Item 62:** 2666

**Item 63:** 2666

**Item 64:** 2666

**Item 65:** 2666

**Item 66:** 2666