

**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.

SF-079511-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gartner

9. WELL NO.

3

10. FIELD AND/POOL, OR WILDCAT

Basin/Blanco
Dakota/Pictured Cliff

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 29; T30N; R8W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

3. ADDRESS OF OPERATOR
720 S. Colo. Blvd., Denver, CO 80222

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1030'FSL, 1040'FEL, Unit P
At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED 3/12/80 16. DATE T.D. REACHED 3/21/80 17. DATE COMPL. (Ready to prod.) 4/16/80 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6183'FR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 7585 21. PLUG, BACK T.D., MD & TVD 7533 22. IF MULTIPLE COMPL., HOW MANY* 2 23. INTERVALS DRILLED BY → 0-TD 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2902-2960(Pictured Cliffs) 25. WAS DIRECTIONAL SURVEY MADE yes

26. TYPE ELECTRIC AND OTHER LOGS RUN TDI, GR/IND CFL/CNL, CBL 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
9 5/8"	36#	221'	12 1/4"	225 sxs, TOC Surface	
7"	23#	3468'	8 3/4"	750 sxs, TOC 1600'	
4 1/2"	10.5, 11.6#	7485'	6 1/4"	525 sxs, TOC 3311'	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4 1/2"	3311'	7485'	525	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1 1/4"	2900'	

31. PERFORATION RECORD (Interval, size and number)
2902-10
2924-38
2946-48
2955-60
2 SPF(58 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2902-2960	870 gal 15% HCL 30000# 10/20 sand

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)
4/24/80	flowing

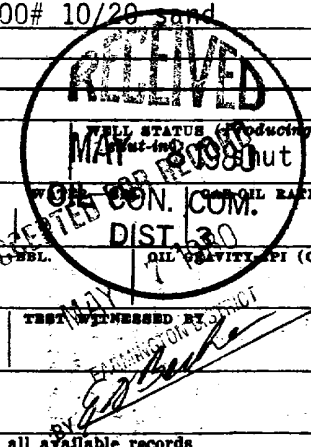
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY, API (CORR.)
4/24/80	3	3/4	→		Q=1005		

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY, API (CORR.)
62	272	→		AOF= 1115		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
vented

35. LIST OF ATTACHMENTS
Electric logs forwarded by Schlumberger.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED Carlyl H. [Signature] TITLE Admin. Supervisor DATE 4/28/80



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

NMOCC

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
Ojo Alamo	1744	1920	sand, freshwater shale, sand coal, sd. shale sd, gas
Kirtland	1920	2656	
Fruitland	2656	2898	
Pictured Cliffs	2898	3030	

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

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

3. ADDRESS OF OPERATOR
720 S. Colo. Blvd., Denver, CO 80222

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1030'FSL, 1040'FEL, Unit P**
At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDED: **3/12/80** 16. DATE T.D. REACHED: **3/21/80** 17. DATE COMPL. (Ready to prod.): **4/16/80** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: **6183'GR** 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD: **7585'** 21. PLUG, BACK T.D., MD & TVD: **7533'** 22. IF MULTIPLE COMPL., HOW MANY*: **2** 23. INTERVALS DRILLED BY: **0-TD** ROTARY TOOLS: **no** CABLE TOOLS: **no**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: **7190'-7393' (Dakota)** 25. WAS DIRECTIONAL SURVEY MADE: **yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN: **TDT, GR/IND CPL/CNL, CBL** 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
9 5/8"	36#	221'	12 1/4"	225 sxs, TOC Surface	
7"	23#	3468'	8 3/4"	750 sxs, TOC 1600'	
4 1/2"	10.5, 11.6#	7485'	6 1/4"	525 sxs, TOC 3311'	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4 1/2"	3311'	7485'	525	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	7140'	7140

31. PERFORATION RECORD (Interval, size and number)

7190-99	7354-60
7282-84	7371-78
8302-04	7390-93
7325-33	2 SPF(84 holes)
7343-48	

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7190-7393	2000 gal 15% HCL
	80000# 30# crosslinked gel
	80000# 20/40 sand
	25000# 10/20 sand

33.* PRODUCTION

DATE FIRST PRODUCTION: **4/24/80** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump): **flowing**

DATE OF TEST: **4/24/80** HOURS TESTED: **3** CHOKE SIZE: **3/4** PROD'N. FOR TEST PERIOD: **→** OIL—BBL.: _____ GAS—MCF.: **Q=3533**

FLOW. TUBING PRESS.: **246** CASING PRESSURE: **0** CALCULATED 24-HOUR RATE: **→** OIL—BBL.: _____ GAS—MCF.: **AOF-3570** WATER—BBL.: _____ OIL GRAVITY (CORR.): _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): **vented**

35. LIST OF ATTACHMENTS: **Two copies of electric logs forwarded by Dresser Atlas, Schlumberger**

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED: *Carol Stathis* TITLE: **Admin. Supervisor** DATE: **4/28/80**

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

5. LEASE DESIGNATION AND SERIAL NO.
SF-079511-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gartner

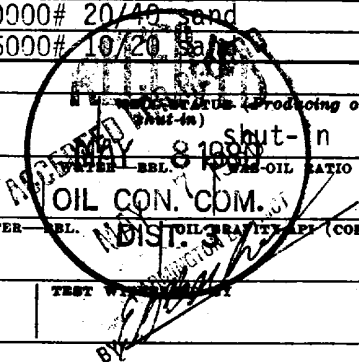
9. WELL NO.
3

10. FIELD AND POOL OR WILDCAT
Dakota/Pictured Cliffs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 29; T30N; R8W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico



NMOCC

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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

FORMATION	TOP		BOTTOM	DESCRIPTION, CONTENTS, ETC.
	DEPTH	MEAS.		
Cliffhouse	4600		4740	sand, gas
Menefee	4740		5098	sand, shale
Pt. Lookout	5098		5255	sand, gas
Gallup	6110		6640	shale, sand
Graneras Sand	7185		7265	sand, gas
Dakota	7265		TD	sand, gas

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Greenhorn	7085	

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

30-045-23153

DISTRIBUTION	
SANTA FE	1
FILE	1
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	

I. OPERATOR

Operator: Tenneco Oil Company

Address: 720 S. Colo. Blvd., Denver, CO 80222

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE *SF-079511-A

Lease Name <u>Gartner</u>	Well No. <u>3</u>	Well Name, Including Formation <u>Dakota/Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>*</u>
Location Unit Letter <u>P</u> ; <u>1030</u> Feet From The <u>South</u> Line and <u>1040</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>30N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Giant Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 256, Farmington, N.M. 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, N.M. 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>29</u>	Twp. <u>30N</u>	Rge. <u>8W</u>
	Is gas actually connected?		When <u>ASAP</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>3/12/80</u>	Date Compl. Ready to Prod. <u>4/16/80</u>		Total Depth <u>7585</u>		P.B.T.D. <u>7533</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6183</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>7190</u>		Tubing Depth <u>7140</u>			
Perforations <u>7190-7393</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

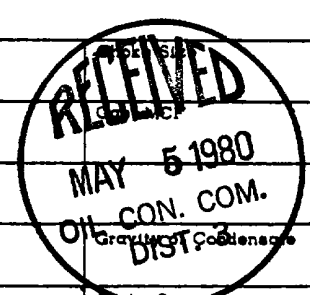
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	221'	225
8 3/4"	7"	3468'	750
6 1/4"	4 1/2" (liner)	7485'	525
	2 1/2" (tbg)	7140'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D <u>AOF=3570</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravel Condensate
Testing Method (pitot, back pr.) <u>back pressure</u>	Tubing Pressure (Shut-in) <u>2175'</u>	Casing Pressure (Shut-in) <u>0</u>	Casing Size <u>3/4</u>



VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carly Hatten
 (Signature)
 Admin. Supervisor
 (Title)
 April 28, 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1980, 19__

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiple