

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								5. LEASE DESIGNATION AND SERIAL NO. NM 045351			
3. ADDRESS OF OPERATOR Box 1031, Midland, Texas								6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FHL & 660' FHL of Section 27 At top prod. interval reported below At total depth								7. UNIT AGREEMENT NAME			
14. PERMIT NO.								DATE ISSUED			
15. DATE SPUDDED 9-28-64								16. DATE T.D. REACHED 10-10-64			
17. DATE COMPL. (Ready to prod.) P & A								18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3339' KB			
19. ELEV. CASINGHEAD 3328'								20. TOTAL DEPTH, MD & TVD 5555			
21. PLUG, BACK T.D., MD & TVD P & A								22. IF MULTIPLE COMPL., HOW MANY*			
23. INTERVALS DRILLED BY 0 - 5555								24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* P & A			
25. WAS DIRECTIONAL SURVEY MADE no								26. TYPE ELECTRIC AND OTHER LOGS RUN Sonic Log - Gamma Ray			
27. WAS WELL CORED no								28. CASING RECORD (Report all strings set in well)			
CASING SIZE 8 5/8		WEIGHT, LB./FT. 244		DEPTH SET (MD) 433		HOLE SIZE 12 1/4		CEMENTING RECORD 300 sx		AMOUNT PULLED none	
29. LINER RECORD						30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
DEPTH SET (MD)		PACKER SET (MD)									
31. PERFORATION RECORD (Interval, size and number) P & A						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)						AMOUNT AND KIND OF MATERIAL USED					
33.* PRODUCTION											
DATE FIRST PRODUCTION P & A		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
WATER—BBL.		GAS-OIL RATIO		FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY					
35. LIST OF ATTACHMENTS Logs listed in Section 26											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED R.O. Bowers				TITLE Dist. Office Supervisor				DATE 11-12-64			

*(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(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
None				T/Pustiler	251	+2488
				T/Salt	991	+2347
				T/Centille Andy	9067	-1728
				T/Lesser	5344	-2005
				T/Dal ad	5369	-2090