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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

JUN - 3 1966

WELL COMPLETION REPORT

ATION COMMISSION

INSTRUCTIONS

Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Director three (3) copies of this form, for wells drilled on Patented or Federal lands and four (4) copies for wells drilled on State lands. Upon request, geological information will be kept confidential for six months after the filing thereof.

Field RANGELY WEBER LAND Operator CHEVRON OIL COMPANY WEST DIV.
County RIO BLANCO Address " " " " " "
City RANGELY State COLORADO 81648
Lease Name A.C. McLAUGHLIN Well No. 47-X Derrick Floor Elevation 5534 KB
Location SW 1/4 SW 1/4 Section 23 Township 2N Range 103W Meridian 6TH PM
(quarter quarter)
1264 feet from S Section line and 1172 feet from W Section Line
Nor S Nor W

Drilled on: Private Land Federal Land State Land
Number of producing wells on this lease including this well: Oil 47; Gas _____
Well completed as: Dry Hole Oil Well Gas Well

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Date _____ Signed Ray M. [Signature]
Title Oil Well [Signature]

The summary on this page is for the condition of the well as above date.
Commenced drilling 10-5-63, 19____ Finished drilling 10-30-63, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
(1960) 16"	65#	H-40	1565	360			
(1960) 10 3/4"	22 STS 45.5# 71 STS 40.5#		1550 TO 4468	1062			
(1963) 7"	23#	J-55	6138	1140	72 hrs	30 min.	2000

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To

TOTAL DEPTH 6640' PLUG BACK DEPTH _____

Oil Productive Zone: From 6138 To 6640 Gas Productive Zone: From 6138 To 6640
Electric or other Logs run CALPER, GAMMA-RAY - SONIC Date OCT, 19 63
Was well cored? YES Has well sign been properly posted? YES

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	DVR REMARKS
			From	To		
						WRS
						ARM
						JAM

Results of shooting and/or chemical treatment: _____
FJP ✓
JJD ✓

DATA ON TEST

Test Commenced 7 A.M. or P.M. 11-3 19 63 Test Completed 7 A.M. or P.M. 11-4 19 63

For Flowing Well: Flowing Press. on Csg. _____ lbs./sq.in.
Flowing Press. on Tbg. _____ lbs./sq.in.
Size Tbg. _____ in. No. feet run _____
Size Choke _____ in.
Shut-in Pressure _____

For Pumping Well: Length of stroke used 9 1/2 inches.
Number of strokes per minute 120
Diam. of working barrel 1 3/4 inches
Size Tbg. 2 1/2 in. No. feet run 6599
Depth of Pump 6580 feet.

If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? _____

SEE REVERSE SIDE

TEST RESULTS: Bbls. oil per day <u>28</u> API Gravity <u>34°</u>
Gas Vol. <u>3</u> Mcf/Day; Gas-Oil Ratio <u>107</u> Ct/Bbl. of oil
B.S. & W. <u>56.9</u> %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

[Handwritten notes and signatures]

FORMATION RECORD

Give name, top, bottom and description of all formations encountered, and indicate oil, gas and water bearing intervals, cored sections and drill stem tests.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
CHINLE	5302	5405	
SHINARUMP	5405	5485	
MOENKOPI	5485	6117	
PHOSPHORIA	6117	6132	
WEBER	6132	6640	CORED WEBER. OIL, GAS, WATER BEARING SAND. 