

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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OIL & GAS
CONSERVATION COMMISSION



WELL COMPLETION REPORT

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 New Raymer Operator Midwest Oil Corporation
County Weld Address 1700 Broadway
City Denver State Colorado

Lease Name Kugler Well No. 1 Derrick Floor Elevation 4752
Location CSE NE Section 11 Township 7N Range 58W Meridian 6
(quarter quarter)
1983 feet from N Section line and 663 feet from E Section Line
N or S E or W

Drilled on: Private Land Federal Land State Land
Number of producing wells on this lease including this well: Oil 1; 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 3-7-61 Signed Courtney E Cook
Title District Engineer

The summary on this page is for the condition of the well as above date.
Commenced drilling 2-3-61, 19 _____ Finished drilling 2-9-61, 19 _____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24	J-55	136	175	12	30	1000
5-1/2	14 & 15.5	J-55	6321	150	24	15	1500

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone To	
80 grm jets	3	6236	6241	DVR ✓
80 grm jets	3	6232	6236	WRS
				HHM
				JAM
				FJP ✓
				JJD ✓
				FILE

TOTAL DEPTH 6326 PLUG BACK DEPTH 6281

Oil Productive Zone: From 6230 To 6241 Gas Productive Zone: From _____ To _____
Electric or other Logs run ES Ind, Micro & Gamma Date 2-10 & 2-11, 19 61
Was well cored? Yes Has well sign been properly posted? _____

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
	None					

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced 7 A.M. or PM 3-1 19 61 Test Completed _____ A.M. or PM 3-2-61 19 _____

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 64 inches.
Number of strokes per minute 10
Diam. of working barrel 1-1/2 inches
Size Tbg. 2-7/8 in. No. feet run 6276.60
Depth of Pump 6250 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>65</u> API Gravity <u>38</u>
Gas Vol. <u>97.5</u> Mcf/Day; Gas-Oil Ratio <u>1500</u> Cf/Bbl. of oil
B.S. & W. <u>0</u> %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

11-7N-5840

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
"D"	6218	6241	Oil productive
"J"	6308	6318	