

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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
Nor 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.	Zone		AJJ	DVR	WR5	HHM	JAM	FJP	JJD	FILE
		From	To								
80 grm jets	3	6236	6241								
80 grm jets	3	6232	6236								
TOTAL DEPTH <u>6326</u>		PLUG BACK DEPTH <u>6281</u>									

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:

For Pumping Well:

Flowing Press. on Csg. _____ lbs./sq.in.

Length of stroke used 64 inches.

Flowing Press. on Tbg. _____ lbs./sq.in.

Number of strokes per minute 10

Size Tbg. _____ in. No. feet run _____

Diam. of working barrel 1-1/2 inches

Size Choke _____ in.

Size Tbg. 2-7/8 in. No. feet run 6276.60

Shut-in Pressure _____

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 65 API Gravity 38
Gas Vol. 97.5 Mcf/Day; Gas-Oil Ratio 1500 Cf/Bbl. of oil
B.S. & W. 0 %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
"D"	6218	6241	Oil productive
"J"	6308	6318	