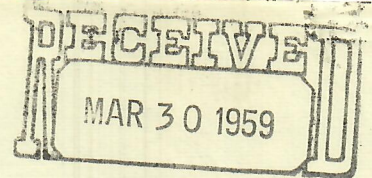


3 - OGCC
OGCC Form 1 - Ed Marker
1 - Bob Boeke1
1 - File



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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 Buckingham Operator Eastern Petroleum Company
County Weld Address 2520 1st Nat'l Bldg.
City Denver 2 State Colorado
Lease Name Olin Castor Well No. 1 Derrick Floor Elevation _____
Location C SE/4 SW/4 Section 27 Township 8N Range 59W Meridian 6th Prin.
(quarter quarter)
660 feet from S Section line and 1980 feet from W 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 _____; 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 March 23, 1959

Signed [Signature]
Title Assistant Division Engineer

The summary on this page is for the condition of the well as above date.

Commenced drilling January 28, 1959 Finished drilling February 14, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	28.00	H 40	184	150	24 hrs.		
4 1/2	11.60	J 55	6784	150	72 hrs.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		FILE
		From	To	
				AJJ
				DVR
				WRS
				HHM
				JAM
				FJP
				JJD
				FILE

TOTAL DEPTH 6787

PLUG BACK DEPTH 6784

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19____
Was well cored? _____ 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		

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced A.M. or P.M. 19 Test Completed A.M. or P.M. 19

For Flowing Well:

For Pumping Well:

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

Length of stroke used _____ inches.

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

Number of strokes per minute _____

Size Tbg. _____ in. No. feet run _____

Diam. of working barrel _____ inches

Size Choke _____ in.

Size Tbg. _____ in. No. feet run _____

Shut-in Pressure _____

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

dup

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
Niobrara	5972		Sand & shale
Base Cordell		6282	Sand & shale
Greenhorn	6508	6572	
Bentonite	6604	6608	Bentonite
"D" Sand	6714	6732	Sand, Oil
			Core: 6714 - 39
			Rec. 6" Sand, non-perm., no show
			2" Sand, slight show
			2" Shaley sand
			1" Sand, calcareous
			5"6" Sand, brown, saturated
			6"6" Shale
			DST: 6715 - 39, open 3 hrs., rec. gas 2 3/4 hrs.,
			540" mud, 90" heavy oil & gas cut
			mud, 270" drilling filtrate,
			BHP 602 lbs. = 1 hr.
T. D.		6787	