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OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED FEB 16 1966

WELL COMPLETION REPORT

OIL & GAS CONSERVATION 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 N. W. Graylin Operator Comanche Oil Company
County Logan Address Box 30, Ste City Sterling, C State Colorado
Lease Name Green Well No. #1 Derrick Floor Elevation
Location Lot 3 Section 31 Township 9N Range 53W Meridian 6
2009 (quarter quarter) 1980 feet from S Section line and 1320 feet from W Section Line

Drilled on: Private Land [x] Federal Land [ ] State Land [ ]
Number of producing wells on this lease including this well: Oil none; Gas none
Well completed as: Dry Hole [x] 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 2-15-66 Signed Comanche Oil Company Title

The summary on this page is for the condition of the well as above date.
Commenced drilling November 16, 1965, Finished drilling November 20, 1965

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8 5/8, G-55, 90, 85.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To

TOTAL DEPTH 5094 PLUG BACK DEPTH

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

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Includes entries for DVR, WRS, HHM, JAM, FJP, JJD.

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: 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 inches, Number of strokes per minute, Diam. of working barrel inches, Size Tbg. in. No. feet run, 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)

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FEB 18 1955

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# 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	4050		
Carlile	4420		
Greenhorn	4638		
Bentonite	4810		
D Sand	4904		
J Sand	5010		
TD	5094		

### DASHING RECORD

SIZE	WT PER FT	GRADE	DEPTH LAMEN	NO SKS CNT	W.O.C.	PRESSURE TEST
8 5/8		G-55	90	22		

TYPE OF CHARGE	NO. PERFORMANCES PER II	FROM	TO

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
 Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
 Water Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_

### RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	FORMATION	REMARKS

Test Completed: \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_  
 For Pumping Well: \_\_\_\_\_  
 Length of stroke used: \_\_\_\_\_  
 Number of strokes per minute: \_\_\_\_\_  
 Diameter of working barrel: \_\_\_\_\_ inches  
 Size of \_\_\_\_\_ in No. test run: \_\_\_\_\_  
 Depth of Pump: \_\_\_\_\_ feet

TEST RESULT: lbs. oil per gal.	Gas Vol. _____	Gas-Oil Ratio: _____	Gas Gravity: _____