

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
AUG 6 - 1958

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 Wildcat Operator United States Smelting Refining and Mining Co.
County Moffat Address 900 Patterson Building
City Denver State Colorado
Lease Name Mobley Well No. 1-22 Derrick Floor Elevation 7005 K. B.
Location SW/4SE/4 Section 22 Township 8 N Range 91 W Meridian 6 PM
(quarter quarter)
660 feet from S Section line and 2040 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 None; Gas None
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 [Signature]
Title Manager, Denver Oil Operations

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

Commenced drilling July 13, 19 58 Finished drilling July 30, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
9 5/8"	36#	J-55	412 KB	340 Id. Reg.	24 Hrs.	30"	100

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	AJJ
					DVR
					VRS
					HMM
					IAM
					RJP
					JD
					FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Electrical log only Date July 30, 19 58
Was well cored? No 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? _____

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)

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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Et. Union	1545	3750	Shale, Coal, Some SS No Shows
Lewis Shale	3750	5789	Shale, Coal, Some SS, Bent. No Shows
Mesaverde	5789	6143	TD Sand, Shale, Some SS and Siltst No Shows
NO Cores or tests were taken			

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST
2 5/8"	36 1/2	J-55	412 IB	340 Id. Reg.	24 Hrs.	100

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone To
TOTAL DEPTH 6143 feet			
PLUG BACK DEPTH P & A 7-30-58			

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	FORMATION	REMARKS
			From To		

DATA ON TEST

Test (commenced) _____ A.M. or P.M.
For Pumping Well: _____
Flowing Press. on Csg. _____ lbs./sq. in.
Flowing Press. on Tbg. _____ lbs./sq. in.
Size Tbg. _____ in. No. test run _____
Size (hole) _____ in.
Short in Pressure _____
Flowing well, did this well flow for the entire duration of this test without the use of swap or other artificial flow device? _____
Depth of Pump _____ feet
Size Tbg. _____ in. No. test run _____
Diam. of working barrel _____ inches
Number of strokes per minute _____
Length of stroke used _____ inches
For Pumping Well: _____
Test Completed _____ A.M. or P.M.
10

TEST RESULTS: Rel. oil per day _____	API Gravity _____
Gas Vol. _____ Mcf/day	Gas-Oil Ratio _____
Gas Gravity _____	(Correct to 14.7 psia & 60°F)