

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED

JUN - 9 1969

WELL COMPLETION REPORT

COLO. OIL & GAS CONS. COMM.

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 NOONEN RANCH Operator THE ANSCHUTZ CORPORATION, INC.
County Adams Address 1110 Denver Club Building
City Denver State Colorado
Lease Name NOONEN Well No. 2 Derrick Floor Elevation 5154'
Location NW SE Section 14 Township 3S Range 59W Meridian 6N
(quarter quarter)
1627 feet from S Section line and 1612 feet from E Section Line
Nor S Nor 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 June 6, 1969Signed Robert M. Wakefield
Title Geologist

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

Commenced drilling May 12, 1969 Finished drilling May 23, 1969

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24		105'	90			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	DVR	
					FIP	
					HNM	
					IAM	
					LD	
TOTAL DEPTH <u>6250'</u>		PLUG BACK DEPTH _____				

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Base of surface casing to TD Date May 23, 1969
Was well cored? Yes Has well sign been properly posted? Yes

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. 1969 Test Completed A.M. or P.M. 1969

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)

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
Antonite Marker	6020'		
" Sand	6117'		Tight, no shows of oil or gas
" Sand	6172'		Tight, no shows of oil or gas