



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

WELL COMPLETION REPORT



AJJ	
DVR	
WRS	
HHM	
JAM	
FJP	
FILE	

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 Cabin Creek Operator Rounds and Sanford
County Adams Address 925 Petroleum Club Building
City Denver 2, State Colorado

Lease Name State Well No. #1 Derrick Floor Elevation _____
Location C SW SE Section 16 Township 3S Range 59W Meridian 6th
(quarter quarter) feet from South Section line and 1980 feet from East 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 February 17, 1958 Signed [Signature]
Title Owner

The summary on this page is for the condition of the well as above date.
Commenced drilling December 21, 19 57 Finished drilling December 31, 19 57

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10 3/4"	32.75	J-55	93'	65			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To

TOTAL DEPTH 6240' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Elgen Electronic Date December 30, 19 57
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. _____ 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? _____

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)

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO
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
	0	80'	Surface gravel
Pierre Shale	80'	5215'	Gray Shale
Niobrara	5215'	5630'	Limey Shale
Fort Hayes	5630'	5675'	White lime and shale
Carlile	5675'	5760'	Shale
Greenhorn	5760'	5810'	Sandy Lime
Graneros	5810'	6078'	Black Shale
"D" Sand	6078'	6094'	Gray Sand
"J" Sand	6094'	6126'	Gray shale
Skull Creek	6126'	6218'	Gray shaley sand, tight.
Total Depth	6240'	6240'	Gray shale

CABING OPERATIONS		RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT	
DATE	AMOUNT OF CHEMICAL USED	FORMATION	REMARKS

DATA ON TEST

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

Flowing Well? No Yes

Flowing Pressure on Gage _____ lbs./sq. in.

Flowing Pressure on Test _____ lbs./sq. in.

Size of Gage _____ in.

Size of Test _____ in.

Shut-in Pressure _____ lbs./sq. in.

It flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? No Yes

Depth of Pump _____ feet

Size of Tubing _____ in. No. _____ feet run

Diameter of working barrel _____ inches

Number of strokes per minute _____

Length of stroke used _____ inches

TEST RESULTS: Oil _____ gal. Gas _____ gal. Water _____ gal.

Gas Vol. _____ Mcf/Day

Gas-Oil Ratio _____

Oil Gravity _____

Water Gravity _____

Oil _____ (Cont. to 15.05 gal & 80°F)