

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



AJJ	
DVR	
WRS	
HHM	
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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
660 feet from 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, 1958Signed Stanford Oil Company
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)

FORMATION RECORD

description of all formations encountered, and indicate oil
 sts.

Give name, top, bottom and description of all formations encountered, and indicate oil, gas and water bearing intervals.

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
	6230		Electric Log
			Driller

[illegible][illegible]

TEST NO A7AC

TEST RESULTS: Ash on oil 0.5%
Gas Vol. _____
Mel. Pt. _____
S. & W. _____
Loss by evap. _____
Gas Oil Ratio _____
Viscosity _____
Pour pt. 18.052 psi @ 60°F.
Viscosity of oil _____
API Gravity _____