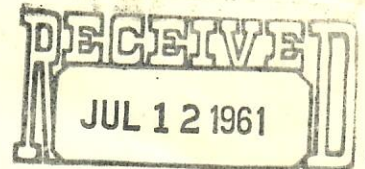


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

00230282

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 Noonen Ranch Operator Ginther, Warren and Company
County Adams Address Box 933
City Sterling State Colorado
Lease Name UPRR Noonen Well No. 1-B ~~Derrick Box~~ Elevation 5,105
Location SE SW Section 13 Township 3S Range 59W Meridian 6th
660 feet from south Section line and 1,845 feet from west Section Line
Nor S E or W

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil 4; 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 7-11-61 Signed J. H. Walsh
Title Consulting Engineer

The summary on this page is for the condition of the well as above date.
Commenced drilling 6-6-61, 1961 Finished drilling 6-14, 1961

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8		J=55	133				
5 1/2	14# & 15.5	J=55	6,200	125	24		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone To
Notch-cutter		6142	6143

TOTAL DEPTH 6,205 PLUG BACK DEPTH 6,165

Oil Productive Zone: From 6136 To 6151 Gas Productive Zone: From _____ To _____
Electric or other Logs run ES & Micro Date 6-15, 1961
Was well cored? NO 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. _____
For Flowing Well: For Pumping Well:
Flowing Press. on Csg. _____ lbs./sq.in. Length of stroke used 64 inches.
Flowing Press. on Tbg. _____ lbs./sq.in. Number of strokes per minute 12
Size Tbg. _____ in. No. feet run _____ Diam. of working barrel 1 1/2 inches
Size Choke _____ in. Size Tbg. 2 in. No. feet run 6140
Shut-in Pressure _____ Depth of Pump 6136 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?
No

TEST RESULTS: Bbls. oil per day 160 API Gravity 42
Gas Vol. 200 Mcf/Day; Gas-Oil Ratio 1250 Cf/Bbl. of oil
B.S. & W. 17 %; Gas Gravity .70 (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

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.

[illegible]