

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

Submit 1 copy



00401575

FOR OFFICE USE			
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. OPERATOR <u>Edward Mike Davis</u> PHONE <u>713-629-2550</u>		5. TYPE OF WELL <input checked="" type="checkbox"/> COALBED <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> METHANE <input type="checkbox"/> DRY <input type="checkbox"/> INJECTION <input type="checkbox"/> OTHER	
ADDRESS <u>St. 720 - "3 Riverway Houston, Texas 77056</u>		6. TYPE OF COMPLETION <input type="checkbox"/> COMMINGLED <input type="checkbox"/> NEW WELL <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> RECOMPLETION STARTED _____	
2. DRILLING CONTRACTOR <u>Allison Bros. Drilling Co. Inc</u> PHONE <u>303-861-2228</u>		7. FEDERAL/INDIAN OR STATE LEASE NO. _____	
3. LOCATION OF WELL (Footages from section lines) <u>SW NW Sec. 27-T3S-R59W</u> At surface At top prod. interval reported below At total depth		8. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
4. ELEVATIONS KB <u>5028</u> GR <u>5018</u>		9. WELL NAME AND NUMBER <u>Price #12-27</u>	
10. FIELD OR WILDCAT <u>Wildcat</u>		11. QTR. QTR. SEC. T. R. AND MERIDIAN <u>SW NW 27-3S-59W</u>	
WAS DIRECTIONAL SURVEY RUN? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, ATTACH COPY		12. PERMIT NO. <u>911313</u> 13. API NO. <u>05 00109055</u> 14. SPUD DATE <u>1-1-92</u> 15. DATE TD REACHED <u>1-6-92</u> 16. DATE COMPLETED <u>1-6-92</u> 17. COUNTY <u>Adams</u> 18. STATE CO. <u>CO.</u>	
19. TOTAL DEPTH MD <u>6226 Driller TD</u>		20. PLUG BACK TOTAL DEPTH MD _____ TVD _____	
21. DEPTH BRIDGE PLUG SET MD _____ TVD _____		22. TYPE ELECTRIC AND OTHER MECHANICAL LOGS RUN (Submit copy of each) <u>FDC; OIL</u>	
23. WAS WELL CORED? NO <input type="checkbox"/> YES <input type="checkbox"/> (Submit Analysis) WAS DST RUN? NO <input type="checkbox"/> YES <input type="checkbox"/> (Submit Report)			

24. CASING & LINER RECORD (Report all strings set in well)

SIZE	WEIGHT (LB/FT)	HOLE SIZE	TOP (MD)	BOTTOM (MD)	STAGE CEMENTER DEPTH	NO. OF SKS. & TYPE OF CEMENT	SLURRY VOL. (BBL.)	TOP OF CEMENT (Specify calc. or CBL)
8 5/8"	24*	12 1/4	Surface	411 ft		350 Sks Reg. gr		Surface

25. TUBING RECORD - Please Specify # of Strings _____

SIZE	DEPTH SET (MD)	PACKER DEPTH (MD)	SIZE	DEPTH SET (MD)	PACKER DEPTH (MD)	SIZE	DEPTH SET (MD)	PACKER DEPTH (MD)

26. PRODUCING INTERVALS

FORMATION	TOP	BOTTOM	GROSS PERFORATED INTERVAL	SIZE	NO. HOLES	PERF. STATUS (open, squeezed)
A)						
B)						
C)						
D)						

28. ACID, FRACTURE, TREATMENT, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND TYPE OF MATERIAL

29. PRODUCTION - INTERVAL A

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
			→						
CHOKE SIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	
			→						

PRODUCTION - INTERVAL B

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
			→						
CHOKE SIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	
			→						

COMPLETE AND SIGN BACK PAGE

PRODUCTION - INTERVAL C

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION →	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
CHOKE SIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE →	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	

PRODUCTION - INTERVAL D

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION →	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
CHOKE SIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE →	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	

30. PLEASE ATTACH AN 8½" x 11" BASIC SKETCH SHOWING ALL SURFACE EQUIPMENT ASSOCIATED WITH PRODUCTION, FLUID SEPARATION, FLUID STORAGE, AND GAS MEASUREMENT FOR THE WELL. SHOW APPROXIMATE DISTANCES OF EQUIPMENT FROM WELLBORE. INCLUDE WATER DISPOSAL PITS IF APPLICABLE. OUTLINE UNDERGROUND FLOWLINES AND LIST ANY OTHER WELLS SHARING THE SURFACE EQUIPMENT.

31. SUMMARY OF POROUS ZONES (INCLUDE AQUIFERS):

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES AND RECOVERIES.

32. FORMATION (LOG) MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTIONS, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH
Niobrara	5184				
Ft. Hays	5587				
Carlile	5637				
Greenhorn	5714				
D" Sand	6048				
I Sand	6093				
Skull Creek	6225				

33. ADDITIONAL REMARKS (INCLUDE PLUGGING PROCEDURE & ATTACH CEMENT VERIFICATION):

See Pm 4

34. CIRCLE ENCLOSED ATTACHMENTS:

3. WELLBORE SKETCH
(See #27)

6. SUNDRY NOTICE FOR PLUGGING AND CEMENT VERIFICATION

1. MECHANICAL LOGS (1 full set req'd)

4. DST REPORT

7. CORE ANALYSIS

2. GEOLOGIC REPORT

5. DIRECTIONAL SURVEY

8. OTHER:

35. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED William J. Meagher

PRINT Geologist TITLE 3-6-92 DATE