

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



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 North Craig Operator United States Smelting Refining and Mining Co.
County Moffat Address 900 Patterson Building
City Denver State Colorado
Lease Name McWilliams Well No. 2-28 Derrick Floor Elevation 6534 KB
Location NE/4 SW/4 Section 28 Township 8N Range 90W Meridian 6th P.M.
(quarter quarter)
1950 feet from South Section line and 2020 feet from West Section Line

Drilled on: Private Land ☒ Federal Land ☒ State Land ☐
Number of producing wells on this lease including this well: Oil None; Gas: None
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.

Signed [Signature]
Title Manager - Denver Oil Operations

Date _____

The summary on this page is for the condition of the well as above date.
Commenced drilling June 23, 1958, 1958 Finished drilling June 30, 1958, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24#	J-55	317 K.B.	200	24	30	500

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		AJJ
		From	To	
				DVR
				WRS
				HHM
				JAM
				FJP
				JJD
				FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19____
Was well cored? _____ Has well sign been properly posted? _____

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: 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? _____

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

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
Wasatch	Surface	1045	Shale, sand, coal
Fort Union	1045	2810	Shale, sand, coal
Lance	2810	3281	T.D. Shale
M.Y. Shale			No cores or tests were taken. Electrical log run - copy attached.
Lewis Shale			