



00416184

**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 Plum Bush Extension Ring Operator B. F. Allison
County Washington Address 626 Patterson Building
City Denver, State Colorado
Lease Name MacNeill Well No. 2 Derrick Floor Elevation 4726
Location C SE NE Section 2 Township 3 S Range 56 Meridian
1980 (quarter quarter) feet from N Section line and 660 feet from E 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 0; Gas 0
 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 2/16/58 2/23/59

Signed Dale John Payne
Title Agent

The summary on this page is for the condition of the well as above date.

Commenced drilling 12/16/58, 1958 Finished drilling 12/24/58, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24	D	99'				

CASING PERFORATIONS

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

TOTAL DEPTH 5163

PLUG BACK DEPTH

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Schlumberger Date 12/24/58, 19____
Was well cored? yes 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?

SEE REVERSE SIDE

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
Niobrara	4068		
Ft. Hays	4514		
Carlile	4562		
Bentonite	4874		
"D" Sand	4971		
"J" Sand	5027		

C

CABLE RECORD
 DATE _____
 TIME _____
 DEPTH _____
 GRADE _____
 TYPE OF CHANGE _____
 TOTAL DEPTH _____
 ON PRODUCTION NAME: _____
 NAME OF OTHER LOGS: _____
 WAS WELL Cased: _____
 RECORD OF SHOOTING AND/OR DRESSING TREATMENT
 DATE _____
 QUANTITY _____
 RESULTS OF SHOOTING AND/OR DRESSING TREATMENT: _____