

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
AUG - 9 1960OIL & GAS
CONSERVATION COMMISSION

00834433

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 Ring Operator B. F. Allison
County Washington Address 218 Patterson Bldg.
City Denver 2 State Colorado
Lease Name MacNeill Well No. 3 Derrick Floor Elevation KB4715
Location C SW NE Section 2 Township 3S Range 56W Meridian
(quarter quarter)
feet from _____ Section line and _____ feet from _____ 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 1; 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.

Signed [Signature]
Date _____ Title _____

The summary on this page is for the condition of the well as above date.
Commenced drilling _____, 19____ Finished drilling _____, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8			105'	100			
5 1/2"	15.50# & 14#	J-55	5037'	100	- -		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
80 gram Super Jets	Three (3)	5061		5071 GRM
Notch Cutter	1 each at	5068 1/2 & 5070 1/2		

TOTAL DEPTH 5138 PLUG BACK DEPTH 5100 1/2

Oil Productive Zone: From 5061 To 5071 Gas Productive Zone: From _____ To _____
Electric or other Logs run Schlumberger EL & ML - Gamma Ray Date May 26, 1960
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		
6-2-60	Sand Fractured	4000# sd	5061	5071	J Sand	

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced A.M. or P.M. 19____ Test Completed 7 A.M. XXXXX 1960

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 64 inches.
Number of strokes per minute 15
Diam. of working barrel 1 3/4 inches
Size Tbg. 2 1/2 in. No. feet run 5077
Depth of Pump 5073 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 256 API Gravity 40
Gas Vol. 64M Mcf/Day; Gas-Oil Ratio 250 Cf/Bbl. of oil
B.S. & W. None %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

oil

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
"D" Sand	4991		Core #1 5045 - 73½ Rec 27½ feet 4 feet Siltstone 4 " Shale 2 " Ss, rew, shaly, tite, N.S. 17 " Ss, fair stain odor & fluorescence 1½ " lost DST #1 5055-5073½ Open 1 hour Shut in 30 minutes Rec 40 feet ocm 84 feet ocw 777 feet oil FP 83-333 psi SIP 383 psi H.H. 2772-2735 psi
"J" Sand	5041		