



00202280

File one copy for Patented, Federal and Indian lands.
File in duplicate for State lands.

RECEIVED
MAY 15 1985

5. LEASE DESIGNATION AND SERIAL NO.

COLO-OIL & GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

7. UNIT AGREEMENT NAME

Non-Unitized

8. FARM OR LEASE NAME

McDermott

9. WELL NO.

#1 McDermott

10. FIELD AND POOL, OR WILDCAT

Curtis

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

SW SE, Sec. 24, 6N, 86W

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other Repair Casing

2. NAME OF OPERATOR
JOSEPH P. DOYLE

1-879-9766

3. ADDRESS OF OPERATOR
Box 1387, Steamboat Springs, CO 80477

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 675' FSL, 2003' FEL, Sec. 24, T6N, R86W, 6th P.M.

At top prod. interval reported below
Same
At total depth
Same

NAME OF DRILLING CONTRACTOR

14. PERMIT NO. 82-2164 DATE ISSUED 12-82

12. COUNTY Routt 13. STATE Colorado

15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____
(Plug & Abd.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 6678 DF

20. TOTAL DEPTH, MD & TVD _____ 21. PLUG, BACK T.D., MD & TVD 4255

22. IF MULTIPLE COMPL., HOW MANY _____ 23. INTERVALS DRILLED BY _____
ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)
Niobrara

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN _____ 27. WAS WELL CORED YES NO (Submit analysis)
DRILL STEM TEST YES NO (See reverse side)

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8	32.30	586'		Cemented w/250sxs	
7	20.00	4050'		Cemented w/177sxs	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
None

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

DATE OF TEST _____ HOURS TESTED _____ CHOKE SIZE _____ PROD'N. FOR TEST PERIOD _____
OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ GAS-OIL RATIO _____

FLOW. TUBING PRESS. _____ CASING PRESSURE _____ CALCULATED 24-HOUR RATE _____
OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS _____

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

SIGNED Joseph P. Doyle TITLE Owner DATE 5-13-85

