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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

OIL & GAS
CONSERVATION COMMISSION

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 Wildcat Operator Milinda Oil Co.
County Logan Address 134 3rd
City Steering State Colo

Lease Name Joe Moon Well No. 1 Derfick Floor Elevation 4072
Location SE NW SW Section 3 Township 7N Range 53W Meridian 6 Pm

2970 feet from S Section line and 2310 feet from W Section Line
1700 N or S 1002 E or W

Drilled on: Private Land Federal Land State Land
Number of producing wells on this lease including this well: Oil _____; Gas _____

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 10/15/63 Signed Milinda Oil Co.
Title J. Moon

The summary on this page is for the condition of the well as above date.
Commenced drilling 10-6-63, 19____ Finished drilling 10-15-, 1963

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8 1/8"</u>	<u>24#</u>	<u>J-55</u>	<u>100ft-</u>	<u>75 sks-</u>	<u>12 hrs</u>		

CASING PERFORATIONS

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

TOTAL DEPTH 4774 PLUG BACK DEPTH 4774-

Oil Productive Zone: From None To None Gas Productive Zone: From None To -
Electric or other Logs run Schlumberger Date 10-15-, 1963
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		
						DVR <input checked="" type="checkbox"/>
						WRS
						HHM
						JAM
						FJP <input checked="" type="checkbox"/>
						JJD <input checked="" type="checkbox"/>
						Flashes.

Results of shooting and/or chemical treatment: None

DATA ON TEST

Test Commenced _____ A.M. or P.M. 19 Test Completed _____ A.M. or P.M. 19
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 _____
Number of strokes per minute _____
Diam. of working barrel _____ inches
Size Tbg. _____ in. No. feet run _____
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)

SEE REVERSE SIDE

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
Motira	3807	4000 4200	
Greenhorn	3989	3996	
"D"	4643	4666	
"J"	4736	4774	
			<p>Cond soft - brown - 4722 - to 4774 - in "J" Formation - No shows were found - & no DST taken -</p> <p style="text-align: right;">Melville Oil Co. A. Mearns</p>