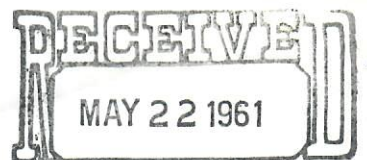




00063825

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

WELL COMPLETION REPORT



OIL & GAS
CONSERVATION COMMISSION

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 Rangely Operator Rangely Oil and Gas Company
 County Rio Blanco Address Box 26
 City Rangely State Colorado
 Lease Name Newton Well No. 1B Derrick Floor Elevation _____
 Location NE 1/4 OF NE 1/4 Section 12 Township 1N Range 102W Meridian 6th P.M.
 (quarter quarter)
225 feet from N Section line and 450 feet from W 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 9; 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 5-19-61 Signed Fred F. Green Fred F. Green
 Title Bookkeeper

The summary on this page is for the condition of the well as above date.
 Commenced drilling 4-24-, 19 61 Finished drilling 4-27-, 19 61

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"			42'	2 Yards			

CASING PERFORATIONS

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

TOTAL DEPTH <u>3898</u>	PLUG BACK DEPTH _____
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Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run None Date _____, 19 _____
 Was well cored? No 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		
						AJJ
						DVR
						WRS
						HHM
						JAM

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced A.M. or P.M. 19 61 Test Completed A.M. or P.M. 19 61
 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 _____ Ct/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
Mancos Shale	Mancos Shale	Mancos Shale	Drilled to 3898 in Mancos Shale.