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APR 15 1963
OIL & GAS
CONSERVATION COMMISSIONOIL 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 Rangely Operator Arrowhead Oil Company
County Rio Blanco Address 1421 West Sherwood Drive
City Grand Junction State Colorado
Lease Name C-04283-B Well No. 13 Derrick Floor Elevation _____
Location NE $\frac{1}{4}$ SW $\frac{1}{4}$ Section 12 Township 1N Range 102W Meridian 6th P.M.
(quarter quarter)
320 feet from South Section line and 573 feet from East Section Line of NE $\frac{1}{4}$ SW $\frac{1}{4}$.
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 3; 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 April 2, 1963Signed James H. Cox
Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.
Commenced drilling February 20, 19 63 Finished drilling March 19, 19 63

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"			343'				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		DVR
		From	To	
				WRS
				HHM
				JAM
				FJP
				JJD
				FILE
TOTAL DEPTH <u>4445</u>		PLUG BACK DEPTH <u>400</u>		

Oil Productive Zone: From -0- To -0- Gas Productive Zone: From -0- To -0-
Electric or other Logs run No Date _____, 19____
Was well cored? No 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:

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 _____ inches.
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? _____

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)

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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
0'	0'	80'	Overburden
	80'	4400'	Mancos Shale
	4400'	4445'	Sand

Drilled on: ☐ Private Land ☐ Federal Land ☐ State Land

Number of producing wells on this lease including this well: Oil ☐ Gas ☐ Gas Well ☐

Well completed as: Oil Well ☒ Gas Well ☐

The information given herein 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: _____ Title: _____

Date: April 2, 1963

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

Commenced drilling: February 20, 1963

Finished drilling: March 19, 1963

Secretary-Treasurer: _____

SIZE	WT. PER FT.	GRADE	DEPTH LABELED	NO. SEC. CMT.	W.O.C.	PRESSURE TEST
7"			343'			

On Productive Zones: From _____ To _____

Electric or other logs run: _____

Was well cored? ☐

DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	REMARKS
			From _____ To _____	

Results of shooting and/or chemical treatment: _____

Test Commenced: _____ A.M. or P.M.

Test Completed: _____ A.M. or P.M.

For Flowing Well: _____

For Pumping Well: _____

Flowing Pressure at Top: _____ lb./sq. in.

Size Top: _____ in. No. test run: _____

Size Choke: _____ in.

Shut-in Pressure: _____

If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? ☐

Depth of Pump: _____ feet

Size Top: _____ in. No. test run: _____

Amount of working barrel: _____ inches

Number of strokes per minute: _____

1 month of storage: _____

For Pumping Well: _____

TEST RESULTS: Data on test day: _____

Gas Vol: _____ Mcf. Day: _____

Gas Gravity: _____

Gas-Oil Ratio: _____

CY/Hr. of oil: _____

API Gravity: _____

Gas Gravity: _____

Gas Gravity: _____

Gas Gravity: _____