

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO



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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 Rangely Operator Rangely Oil and Gas Company  
County Rio Blanco Address Box 26  
City Rangely State Colorado

Lease Name Newton 033804B Well No. 9A Derrick Floor Elevation \_\_\_\_\_  
Location SW 1/4 of NW 1/4 Section 12 Township 1N Range 102W Meridian 6th.  
2440 feet from N Section line and 200 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 10; 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 8-16-57 Signed Bill L. Jacobs  
Title Vice Pres.

The summary on this page is for the condition of the well as above date.  
Commenced drilling 6-6, 1957 Finished drilling 8-9, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"			20'	5			

CASING PERFORATIONS

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

TOTAL DEPTH 2400 PLUG BACK DEPTH \_\_\_\_\_

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
Electric or other Logs run \_\_\_\_\_ Date \_\_\_\_\_  
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		

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 <u>0</u> 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)



