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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
SEP 7 1965

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 Chatham Oil Company
County Rio Blanco Address P. O. Box 356
City Rangely State Colo. 81648
Lease Name M. V. Smith Well No. 37 Derrick Floor Elevation _____
Location SE¹/₄ NW¹/₄ Section 11 Township 1N Range 102W Meridian 6th PM
(quarter quarter)
1680' feet from N Section line and 1660' 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 _____; 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 9-3-65Signed Elvin E. Voguhart
Title Accountant

The summary on this page is for the condition of the well as above date.
Commenced drilling 4-10-65, 19____ Finished drilling 5-25-, 19 65

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
18"			38'	1 Yd.			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
	N		
	O		
	N		
TOTAL DEPTH <u>3,260</u>		PLUG BACK DEPTH _____	

DVR	
WRS	
HHM	
JAM	
FJP	
JJD	
FILE	

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From 0 To 0
Electric or other Logs run _____ Date _____, 19____
Was well cored? _____ 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		
	N					
	O					
	N					

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced A.M. or P.M. None 19____ Test Completed A.M. or P.M. None 19____

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 _____ Cf/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
	0	20	Overburden
	21	3,240	Mancos
			T.D. 3, 260
			Dark Shale - No Shows