



00065502

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

RECEIVED
MAY 14 1964

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 Harold Hayes H & M Drilling
County Rio Blanco Address P.O. Box 543
City Rangely State Colorado
Lease Name C- 02894 Well No. 1 Derrick Floor Elevation 5400'
Location SE SE Section 10 Township TN Range 102W Meridian 6th P.
1120' (quarter quarter) feet from South Section line and 629' feet from East 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 1; 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 4/15/64Signed _____
Title _____

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

Commenced drilling 3/25/64, 19____ Finished drilling 4/10, 1964*Push to approval*

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"	15 lbs	US Steel	270'				
5 1/2"	1 1/4 "	US Steel	34 0				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		
		From	To	
	NONE			DVR
				WRS
				HHM
				JAM
				FJP
				JJD
				FILE

Oil Productive Zone: From 3390' To 3400' Gas Productive Zone: From none To _____
Electric or other Logs run none Date _____, 19____
Was well cored? No Has well sign been properly posted? no

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
	none					

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced Still testing A.M. or P.M. _____ 19____ Test Completed Still testing 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 Still Testing 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
Mancos Shale	0	3400'	Testing well