

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

File one copy for Patented, Federal and Indian lands.
File in duplicate for State lands.

RECEIVED

MAY 9 1980

COLO. OIL & GAS CONS. COMM. REGISTRATION AND SERIAL NO.



NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
JDM DRILLING

3. ADDRESS OF OPERATOR
814 S. 7TH

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface
At top prod. interval reported below 3
At total depth

NAME OF DRILLING CONTRACTOR
JDM DRILLING

14. PERMIT NO. 530FN-1470FW DATE ISSUED 79 691 8-1-79

12. COUNTY MESA 13. STATE COLORADO

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
WILDCAT
SEC 28, T2NR3W

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO. #1
10. FIELD AND POOL, OR WILDCAT

15. DATE SPUDDED
16. DATE T.D. REACHED
17. DATE COMPL. (Ready to prod.) 8/1979 (Plug & Abd.)
18. ELEVATIONS (DF, REB, RT, GR, ETC.) 4582
19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 1285'
21. PLUG, BACK T.D., MD & TVD PLUG
22. IF MULTIPLE COMPL., HOW MANY
23. INTERVALS DRILLED BY
ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)
25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN NONE
27. WAS WELL CORED YES NO (Submit analysis)
DRILL STEM TEST YES NO (See reverse side)

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PLUGGED

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Donald J. Keel TITLE Sec. Treas. DATE 5-3-80

See Spaces for Additional Data on Reverse Side

DVR

SEP

HHM

JAM

JJD

MD

RLS

CGM