

OIL AND GAS CO
OF THE STATE



COMMISSION

RECEIVED
JUL 11 1958
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 The Chatham Oil Company
County Rio Blanco Address P. O. Box 204
City Rangely State Colorado

Lease Name M. V. Smith Well No. 21 Derrick Floor Elevation _____
Location SW of SE 1/4 NW 1/4 Section 11 Township 1N Range 102W Meridian 6
(quarter quarter)
2320 feet from N Section line and 1665 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 July 8, 1958 Signed R. M. Goldstein
Title Manager

The summary on this page is for the condition of the well as above date.
Commenced drilling April 29, 1958 Finished drilling June 3, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST Time Psi
8"			22'			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
	None			

TOTAL DEPTH 3000 PLUG BACK DEPTH none

show of Oil _____ Show of gas _____
Oil Productive Zone: From 1330 To 1335 Gas Productive Zone: From 1255 To 1260
Electric or other Logs run _____ 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		
	None					

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: _____ 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? _____

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)

SEE REVERSE SIDE



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
FROM	TO	TOTAL FT.	
0	50	50	Gray Sand
50	260	210	Dark Shale
260	1000	740	Light Shale
1000	1530	530	Dark shale
1530	2265	735	Light Shale
2265	2800	535	Dark Shale
2800	3000	200	Brown Shale
			DRY -- TD 3000

