

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
MAY 27 1965
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 Chatham Oil Company
County Rio Blanco Address P. O. Box 356
City Rangely State Colo. 81648

Lease Name M. V. Smith Well No. 36 Derrick Floor Elevation _____
Location SW 1/4 SE 1/4 Lot 10 Section 2 Township 1N Range 102W Meridian 6th PM
(quarter quarter)
220 feet from S Section line and 1710 feet from E 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 May 25, 1965Signed Elmer E. Loggans
Title Accountant

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

Commenced drilling 3-4-65, 19 _____ Finished drilling 5-18, 19 65

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8			630'				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
	E			
	N			
	O			
	N			

TOTAL DEPTH 3500'

PLUG BACK DEPTH _____

Oil Productive Zone: From None To None Gas Productive Zone: From None To None
Electric or other Logs run None 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		
		E				
		N				
		O				DVR ✓
		N				WRS

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? _____

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
Mancos	0	1,800	Small show of oil
Mancos	1,801	3,500	Dry hole