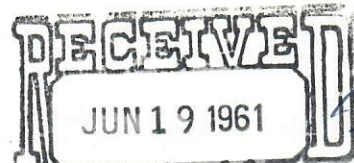




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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Box 204
City Rangely State Colorado

Lease Name M. V. Smith Well No. 27 Derrick Floor Elevation _____
Location SE $\frac{1}{4}$ SE $\frac{1}{4}$ Section 2 Lot 11 Township 1N Range 102W Meridian 6
(quarter quarter)
395 feet from S Section line and 364 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 2; 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 June 15, 1961Signed R.M. Galster
Title Manager

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

Commenced drilling May 13, 1961 Finished drilling June 4, 1961

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8"	Surface		38'				
5 $\frac{1}{2}$ "	15 $\frac{1}{2}$ "		1750	2 Yds. Rdy Mix		No	

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
		1730 Ft.	1750 Ft.

TOTAL DEPTH 1810'

PLUG BACK DEPTH _____

Oil Productive Zone: From 1750 To 1760 Gas Productive Zone: From _____ To _____

Electric or other Logs run _____ Date _____, 19____

Was well cored? No Has well sign been properly posted? Yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
		None				AJJ
						DVR
						WRS
						HHM
						JAM
						FIP
						JJD
						FILE

Results of shooting and/or chemical treatment: _____

DATA ON TEST

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

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 _____

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 150 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
Overburden	0	24	
Blue Shale	24	900	
Dark Shale	900	1560	
" "	1560	1750	Streaks of Bentonite
Calsite & Oil	1750	1760	
Dark Shale	1760	1810	TD