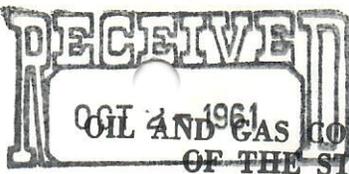




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**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO**

CONSERVATION WELL COMPLETION REPORT FOR DEEPENING

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 Co.
 County Rio Blanco Address P. O. Box 204
 City Rangely State Colorado

Lease Name M. V. Smith Well No. 27 Derrick Floor Elevation _____
 Location SE 1/4 SE 1/4 Section 2, Lot 11 Township 1 N. Range 102 W. Meridian 6th PM
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 _____; 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 September 14, 1961 Signed R.M. Caldwell
 Title Manager

The summary on this page is for the condition of the well as above date.
 Commenced drilling August 3, 1961 Finished drilling August 16, 1961

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8"			40'				

CASING PERFORATIONS

WRS	Type of Charge	No. Perforations per ft.	Zone	
			From	To
JAM	None			
JJD	TOTAL DEPTH <u>2480</u>		PLUG BACK DEPTH _____	

Oil Productive Zone: From 1950 To 1955 Gas Productive Zone: From none To _____
 Electric or other Logs run _____ Date _____, 19____
 Was well cored? _____ 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					

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: 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? _____

TEST RESULTS: Bbls. oil per day <u>30</u> 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
<u>Manees</u>	1810	1950	Shale
	1950	1955	Oil
	1955	2310	Dark Shale
	2310	2480	Light Shale
			T.D. 2480