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DECEMBER
NOV - 2 1960
OIL & GAS
CONSERVATION COMMISSION

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO
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 Wildcat Operator B. F. Allison
County Washington Address 218 Patterson Building
City Denver State Colorado

Lease Name Conoco-Macneill Well No. 1-C Derrick Floor Elevation 4753
Location C SW-NW Section 2 Township 3S Range 56W Meridian 6th p.m.
(quarter quarter)
1980 feet from N Section line and 660 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 10-31-'60 Signed Daec Trayner
Title Agent

The summary on this page is for the condition of the well as above date.
Commenced drilling 10-23-60, 19____ Finished drilling 10-29-60, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8 7/8"</u>			<u>98'</u>				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To

TOTAL DEPTH 5780' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Yes Date _____, 19____
Was well cored? Yes - no analysis 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		

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? _____

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
"D" Sand	5064		Core 5103-5137
"J" Sand	5120		6' shale 7' siltstone 7' SS, fg, clay filled, wet, N.S. 14' SS, fg, rew, poor p & p, N.S. No D.S.T.