



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 STONY POINT Operator CALVERT - MAZEL OIL COMPANY  
 County WASHINGTON Address 2236 Mile High Center  
 City Denver 2 State Colorado  
 Lease Name DONALD M. MITCHELL Well No. 1 Derrick Floor Elevation 4562.9  
 Location NE SE SW Section 20 Township 2N Range 54W Meridian 6th P.  
990 feet from S Section line and 2310 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 NONE  
 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 October 11, 1956 Signed [Signature] Title Manager - Calvert Drilling, Inc.  
 The summary on this page is for the condition of the well as above date.  
 Commenced drilling September 15, 1956 Finished drilling October 7, 1956

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24#	J-55	92	50	24		

CASING PERFORATIONS

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

TOTAL DEPTH 5025 PLUG BACK DEPTH None

Oil Productive Zone: From None To \_\_\_\_\_ Gas Productive Zone: From None To \_\_\_\_\_  
 Electric or other Logs run Yes Date October 6, 1956  
 Was well cored? Yes 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. None 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>None</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)

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**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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	4036		
Fort Hays	4396		
Greenhorn	4531		
Bentonite	4764		
"D" Sand	4849		
"J" Sand	4936		
Skull Creek	5012		

  

CASING RECORD			
SIZE	WT. PER FT.	GRADE	DEPTH LAMDED
8-2 3/4"	24 1/2	1-22	32

  

CASING PERFORATIONS			
Type of Charge	No. Perforations per ft.	From	To
None			

  

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT			
DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	FORMATION

DATA ON TEST

TEST RESULTS: Bls. oil per day	TEST COMPLETED: A.M. or P.M.
Gas Vol. _____	Test Completed _____
Gas Gravity _____	For Pumping _____
Oil Ratio _____	Length of stroke used _____
(Corr. to 14.7 psia & 60°F)	Number of strokes per minute _____
	Diam. of working barrel _____
	See Page _____
	Depth of Pump _____
	Duration of this test without the use of sand or other artificial flow device _____
	Flowing well did the well flow for the entire duration of this test _____
	Was well cored? _____
	Electric or other logs run? _____
	Yes _____
	No _____
	Was well properly cased? _____
	Yes _____
	No _____
	Production Name: From _____
	To _____
	Date: _____
	October _____
	19 _____