



00046517

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

OCT 20 1965

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 M W COMPANY
County RIO BLANCO - Address P.O. BOX 245
City RANGELY State COLORADO

Lease Name FEDERAL 055094 Well No. 1 Derrick Floor Elevation
Location SW 1/4 of NE 1/4 Section 4 Township 1 N Range 102 W Meridian 6th
1505 feet from NORTH Section line and 2480 feet from EAST Section Line

Drilled on: Private Land [ ] Federal Land [X] State Land [ ]
Number of producing wells on this lease including this well: Oil NONE; Gas NONE
Well completed as: Dry Hole [X] 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 10-15-65 Signed Paul Moran Sr. Title Partner

The summary on this page is for the condition of the well as above date.
Commenced drilling Sept 2, 1965 Finished drilling Sept 14, 1965

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi)

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To, DVR, WRS, HHA, JAM, FJP, JJE, FILE

Oil Productive Zone: From None To
Gas Productive Zone: From None To
Electric or other Logs run NONE Date
Was well cored? NO Has well sign been properly posted? No, Not yet

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS

Results of shooting and/or chemical treatment: NONE

DATA ON TEST

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

For Flowing Well: Flowing Press. on Csg., Flowing Press. on Tbg., Size Tbg., Size Choke, Shut-in Pressure
For Pumping Well: Length of stroke used, Number of strokes per minute, Diam. of working barrel, Size Tbg., Depth of Pump

If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? None

TEST RESULTS: Bbls. oil per day, API Gravity, Gas Vol., Mcf/Day, Gas-Oil Ratio, Cf/Bbl. of oil, B.S. & W., Gas Gravity

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
Surface shale	0	30	
Gravel Sand	30	39	Water at 30 ft -
Gravel Sand	39	97	
Blue Shale	97	-	
Shale	97'	1410	Slight show gas, 8' stain of oil -
Shale -	1410	2900 ft -	No further breaks -