



00046517

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

WELL COMPLETION REPORT

OCT 20 1965

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 MW 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 1N Range 102W Meridian 6th
 (quarter quarter)
1505 feet from NORTH Section line and 2480 feet from EAST Section Line
 Nor S E or W

Drilled on: Private Land ☐ Federal Land ☒ State Land ☐
 Number of producing wells on this lease including this well: Oil NONE; 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 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

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8 5/8</u>	<u>32#</u>		<u>45 ft.</u>				
<u>7"</u>	<u>17#</u>		<u>101 ft.</u>				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	DVR
					<input checked="" type="checkbox"/>
					WRS
					HHM
					JAM
					FJP
					JUL
					FILE

TOTAL DEPTH _____

PLUG BACK DEPTH _____

Oil Productive Zone: From None To _____ Gas Productive Zone: From None To _____
 Electric or other Logs run NONE Date _____, 19____
 Was well cored? NO Has well sign been properly posted? No, Not yet

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
		<u>None</u>				

Results of shooting and/or chemical treatment: None

DATA ON TEST

Test Commenced None A.M. or P.M. 19____ Test Completed None A.M. or P.M. 19____
 For Flowing Well: For Pumping Well:
 Flowing Press. on Csg. _____ lbs./sq.in. Length of stroke used _____ inches.
 Flowing Press. on Tbg. _____ lbs./sq.in. Number of strokes per minute _____
 Size Tbg. _____ in. No. feet run _____ Diam. of working barrel _____ inches
 Size Choke _____ in. Size Tbg. _____ in. No. feet run _____
 Shut-in Pressure _____ 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? None

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
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, & staining oil -
Shale-	1410	2900	ft - No further breaks -