

OIL AND GAS CONSERVATION OF THE STATE COMMISSION
WELL CO. REPORT

RECEIVED
APR 30 1957
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 Porter and Rooks Drilling Co.
County Rio Blanco Address Rangely, Colo.
City _____ State _____

Lease Name Associated-Stanolind Well No. 4 Derrick Floor Elevation _____
Location NW SW Section 4 Township 1N Range 102W Meridian 6th
1500 feet from South Section line and 350 feet from West 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 2; 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 4-29-57 Signed Herbert Rooks
Title Vice Pres.

The summary on this page is for the condition of the well as above date.
Commenced drilling Jan. 4, 1957 Finished drilling March 21, 1957, 19____

CASING RECORD

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

CASING PERFORATIONS

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

TOTAL DEPTH 2555 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____
Was well cored? _____ 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		
						AJJ
						19
						DVR
						FJK
						WRS
						MHA
						AH
						JJD
						FILE

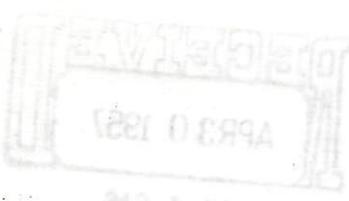
Results of shooting and/or chemical treatment: _____

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)



ON OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF CALIFORNIA
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
Sandy Over-Burden	0	40	
Hancocks Sh.	40	2555	Blue-black calcareous shale with shows of bentonite, calcite, and argonite. Shows of oil and gas at 360, 1095, and 2085.

TEST NO. 1234

Well Name: _____

Location: _____

Drilled on: _____

Number of producing wells on the lease including this well: _____

Well equipped for: Oil Well Gas Well Both

The information given herein 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: _____

Signature: _____

Approved: _____

March 21, 1927