

OIL AND GAS CONSERVATION
OF THE STATE OF COLORADO

ION

SEP-4 1964

OIL & GAS
CONSERVATION COMMISSION

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 Rangely Operator Woosley et al
County Rio Blanco Address Rangely
City _____ State Colorado
Lease Name Colo 028499 Well No. 4-W Derrick Floor Elevation _____
Location Lot 14 Section 4 Township 1-N Range 102W Meridian 6
453 (quarter quarter) feet from S Section line and 249 feet from E 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 1; 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.

Signed Elmer E. Argue
Title Accountant

Date August 31, 1964

The summary on this page is for the condition of the well as above date.

Commenced drilling September 25, 1963 Finished drilling February 4, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10"			48'				
8 3/8"			207'				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	DVR
	None				WRS
					HHM
					JAM
					F.P.
					J.D.
					FILE

TOTAL DEPTH 3620 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run None Date _____, 19____
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		
	None					

Results of shooting and/or chemical treatment: _____

DATA ON TEST None

Test Commenced _____ A.M. or P.M. _____ 19____ Test Completed _____ 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? _____

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
Mesa Verde	0	48'	
Mancos	48'	3620'	T.D. Dry Hole