



00566160

OIL AND GAS COMMISSION OF THE STATE OF COLORADO

RECEIVED

JUN 12 1970

WELL COMPLETION REPORT

COLO. OIL & GAS CONS. COMM.

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. Co. PAUL MORAN SR.
 County RIO BLANCO Address Box 237
 City RANGELY State COLO. 81648
 Lease Name GOVT. Well No. 1 Derrick Floor Elevation _____
 Location RANGELY Section 4-Lot 14 Township 1N Range 10 2 W Meridian 6
260 feet from 4 Section line and 320 feet from 4 Section Line
 N or S N or W 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 May 12, 1970 Signed Paul Moran Sr.
 Title opr.

The summary on this page is for the condition of the well as above date.
 Commenced drilling 10-12, 1962 Finished drilling 5-15, 1965

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>7"</u>			<u>1101</u>				
<u>4 1/2</u>	<u>LINER</u>		<u>2400-2650</u>				

CASING PERFORATIONS

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

TOTAL DEPTH 2940

PLUG BACK DEPTH _____

Oil Productive Zone: From 1650 To 1700 Gas Productive Zone: From _____ To _____
 Electric or other Logs run NONE Date _____, 19____
 Was well cored? NO 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		

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: 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)

oil