



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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 Second Creek Operator Jack Rouse
 County Adams Address 911 Midland Savings Bldg.
 City Denver 2, State Colorado
 Lease Name Box Elder Well No. 2 Derrick Floor Elevation 5447 K.B.
 Location C NW NW Section 10 Township 3 So. Range 65 W. Meridian 6th
 (quarter quarter)
660 feet from N Section line and 660 feet from W 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 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 April 3, 1957 Signed J. H. Vander
 Title _____

The summary on this page is for the condition of the well as above date.
 Commenced drilling December 2, 1956 Finished drilling December 21, 1956

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10-3/4"	36.	H-40	210'	150	24 hrs.		

CASING PERFORATIONS

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

TOTAL DEPTH _____ PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____
 Electric or other Logs run Electric and Induction Date Dec. 20, 1956
 Was well cored? yes Has well sign been properly posted? yes

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?

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)

INSTRUCTIONS

CASING PERFORATIONS

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENTDATA ON TEST