

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 Wildcat Operator Allison Drilling Co. Inc - Smith & Clark
 County Washington Address 910 Western Federal Savings Bldg.
 City Denver State Colorado

Lease Name Miller Well No. 3 Derrick Floor Elevation _____
 Location SW SW Section 21 Township 3S Range 50W Meridian 6
6660 (quarter quarter) feet from S Section line and 659 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 _____; 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 9-15-64 Signed Don Dickson
 Title Agent

The summary on this page is for the condition of the well as above date.
 Commenced drilling 8-22, 1964 Finished drilling 8-27, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24	D	285	200	24		

CASING PERFORATIONS

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

TOTAL DEPTH 4166' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run Schlumberger IES Gamma Ray Sonic Date August 25, 1964
 Was well cored? Yes 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		
						DVR
						WRS
						HHM ✓
						JAM
						FJP
						JJD ✓

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. _____
 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
Niobrara	2957		
Ft. Hays	3424		
Greenhorn	3614		
Bentonite	3812		
"D" Sand	3901		
"J" Sand	3956		
			Core #1 - 3959' - 3985'
			DST #1 - 3962' - 3967'
			Recovered 1590' water - IF 117#; FF 721 FSI 834#

DATE	TIME
1/1	1/1
1/2	1/2
1/3	1/3
1/4	1/4
1/5	1/5

TEST RESULTS

Date: _____

Well Name: _____

Casing: _____

Drill Bit: _____

Operator: _____