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**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO**



WELL COMPLETION REPORT

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 McCallum Unit Operator Continental Oil Company
 County Jackson Address Box 811
 City Fort Morgan, State Colorado

Lease Name McCallum Unit Well No. 31 Derrick Floor Elevation 8227
 Location SW SE Section 11 Township 9N Range 79W Meridian 6th P. M.
 (quarter quarter)
910 feet from S Section line and 1440 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 18; 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 1-31-63 Signed C. E. Pukerton
 Title District Superintendent

The summary on this page is for the condition of the well as above date.
 Commenced drilling 6-7, 1962 Finished drilling 7-2, 1962

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24	J-55	536	400		24	
5-1/2"	14 & 15.5	J-55	6165	200		24	

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
Jet	4 Jets	6066	6071
Jet	4-way radial jet	6065	6065
Jet	4-way radial jet	6072	6072
Notch	Notch	6020	6020
TOTAL DEPTH <u>6165</u>		PLUG BACK DEPTH <u>P&A</u>	

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run IES, Sonic, Dipmeter, Gamma Ray Date 7-2 and 7-6, 1962
 Was well cored? No Correlation, and cement top _____ 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		
						DVR ✓
						WRS
						HHM
						IAM
						FJP ✓
						JJC19 ✓
						FILE

Results of shooting and/or chemical treatment: _____

DATA ON TEST P & A

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)

