

103-05011

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

JUN 25 1958



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 South Douglas Creek Unit Operator Union Oil Company of California
County Rio Blanco, Colorado Address 444 Sherman Street
City Denver 3 State Colorado
Lease Name Government 966 Well No. 1 Derrick Floor Elevation 6797
Location C NW NE Section 18 Township 4 S Range 101 W Meridian 6th PM
660 feet from N Section line and 1980 feet from E Section Line

Drilled on: Private Land [ ] Federal Land [x] State Land [ ]
Number of producing wells on this lease including this well: Oil - ; Gas -
Well completed as: Dry Hole [x] 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 June 24, 1958 Signed [Signature] Title Division Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling May 25, 1958 Finished drilling June 19, 1958

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 10-3/4", 32.75#, H-40, 332.49, 225, 24 hrs.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Row 1: None.

TOTAL DEPTH 6268 PLUG BACK DEPTH

Oil Productive Zone: From - To Gas Productive Zone: From - To
Electric or other Logs run Induction E-Log, Micro Log, Formation Date June 17, 1958
Was well cored? Yes Tester Has well sign been properly posted? Yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Row 1: None.

Results of shooting and/or chemical treatment:

DATA ON TEST \*\*\* see reverse side

Test Commenced A.M. or P.M. 19 Test Completed A.M. or P.M.
For Flowing Well: Flowing Press. on Csg. lbs./sq.in. Flowing Press. on Tbg. lbs./sq.in. Size Tbg. in. No. feet run Size Choke in. Shut-in Pressure
For Pumping Well: Length of stroke used Number of strokes per minute Diam. of working barrel inches Size Tbg. in. No. feet run 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 Ct/Bbl. of oil
B.S. & W. %; Gas Gravity (Corr. to 15.025 psi & 60°F)