



UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

3

Form approved. Budget Bureau No. 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

C-14353

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

Daniels Federal

9. WELL NO.

CD #1

10. FIELD AND POOL, OR WILDCAT

Daniels

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 6-T9N-R90W

12. COUNTY OR PARISH

Moffat

13. STATE

Colorado

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6941 GR

19. ELEV. CASINGHEAD

NA

23. INTERVALS DRILLED BY

all

ROTARY TOOLS

CABLE TOOLS

none

25. WAS DIRECTIONAL SURVEY MADE

no

27. WAS WELL CORED

no

1a. TYPE OF WELL: OIL WELL [] GAS WELL [] DRY [X] Other P & A
b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESRV. [] Other Dry
2. NAME OF OPERATOR: Cities Service Oil Company
3. ADDRESS OF OPERATOR: 1600 Broadway, Suite 900, Denver, Colorado 80202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: NE-NW 1678 FWL, 651 FNL
At top prod. interval reported below: same as above
At total depth: same as above

14. PERMIT NO. 05-081-6300 DATE ISSUED 11-10-76

15. DATE SPUDDED 1-18-77 16. DATE T.D. REACHED 1-30-77 17. DATE COMPL. (Ready to prod.) P & A 2-2-77

20. TOTAL DEPTH, MD & TVD 6400' 21. PLUG, BACK T.D., MD & TVD Surface 22. IF MULTIPLE COMPL., HOW MANY* NA 23. INTERVALS DRILLED BY all ROTARY TOOLS all CABLE TOOLS none

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* none

26. TYPE ELECTRIC AND OTHER LOGS RUN BHC/Sonic, DIL with Linear Correlation, Compensated Neutron-Formation Density 27. WAS WELL CORED no

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Data: 9-5/8, 36, 534, 13-3/4, 200 sx 65-35 pozmix, 100 sx Class "C", none.

Table with 8 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD). Data: NA.

Table with 2 columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Data: NA.

Table with 10 columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO, OIL GRAVITY-API (CORR.), DISPOSITION OF GAS, TEST WITNESSED BY. Includes a signature box with names DVR, FJP, HHM, JAM, JJD, GCM, CGM.

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED [Signature] TITLE Engineering Manager DATE 2-17-77

*(See Instructions and Spaces for Additional Data on Reverse Side)



INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
K-Lance	3085	+3868
K-Fox Hills	3703	+3250
K-Lewis	3850	+3103
K-Mesaverde	6192	+761

