

OIL AND GAS OF THE STATE



MISSION DO

RECEIVED DEC-1 1965

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: WASHINGTON County; Operator: TIPPS DRG. Co., INC. - DAWSON MARKWELL EXPL.; Address: 916 PATTERSON BUILDING; City: DENVER, State: COLORADO

Lease Name: AUSTIN; Well No.: 1; Derrick Floor Elevation: 4493' (13'); Location: NW SE (quarter quarter) Section 2 Township 3S Range 50W Meridian 6; 1986 feet from S Section line and 1995 feet from E Section Line

Drilled on: Private Land [X] Federal Land [] 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: 11-30-65; Signed: Kenneth H. Tipps; Title: PRESIDENT

The summary on this page is for the condition of the well as above date. Commenced drilling 11-15, 1965; Finished drilling 11-18, 1965

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi)

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a checklist on the right with items like DVR, VRS, THM, JAM, FJP, JD, FILE.

Oil Productive Zone: From To; Gas Productive Zone: From To; Electric or other Logs run: LANE WELLS IES & MINILOG; Date: 11-19-65; Was well cored? No; Has well sign been properly posted?

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS

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: Flowing Press. on Csg., Flowing Press. on Tbg., Size Tbg., Size Choke, Shut-in Pressure; For Pumping Well: Length of stroke used, Number of strokes per minute, Diam. of working barrel, Size Tbg., Depth of Pump

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)

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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
HOBRARA	2982		
FT. HAYS	3454		
CARLILE	3514		
GREENHORN	3626		
BENTONITE	3842		
"U"	3932		
"U"	3983		
<p>LOGGING RECORD</p> <p>LOGGING PERFORMANCES</p> <p>LOGGING OF SEEDING AND OR CHEMICAL TREATMENT</p>			

DATA ON TEST

1. Name of formation tested: _____
 2. Name of test: _____
 3. Date of test: _____
 4. Name of operator: _____
 5. Name of company: _____
 6. Name of well: _____
 7. Depth of test: _____
 8. Direction of test: _____
 9. Name of test fluid: _____
 10. Name of test equipment: _____
 11. Name of test location: _____
 12. Name of test area: _____
 13. Name of test site: _____
 14. Name of test zone: _____
 15. Name of test interval: _____
 16. Name of test section: _____
 17. Name of test core: _____
 18. Name of test sample: _____
 19. Name of test specimen: _____
 20. Name of test material: _____