



OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

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APR 20 1964

OIL & GAS  
CONSERVATION COMMISSION

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 Wellington Operator William J. Geary  
 County Larimer Address 514 Mile High Building  
 City Denver State Colorado  
 Lease Name Pfeif Well No. 1 Derrick Floor Elevation \_\_\_\_\_  
 Location NE NE Section 7 Township 9 N Range 68 W Meridian 6th  
 (quarter quarter)  
990 feet from N Section line and 990 feet from E Section Line  
 Nor 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 April 14, 1964 Signed William J. Geary  
 Title Owner

The summary on this page is for the condition of the well as above date.  
 Commenced drilling January 15, 1964 Finished drilling March 20, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
4-1/2"			3776'	100 sx.			
7"			90'	20 sx.			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		HHM	JAM	FJP	JID	FILE
		From	To					
	2 (Total =20)	3707'	3697'					
	2 (Total =20)	3670'	3660'					
TOTAL DEPTH <u>3785'</u>		PLUG BACK DEPTH _____						

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
 Electric or other Logs run Induction Electric Date February 15, 1964  
 Was well cored? No 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		

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. \_\_\_\_\_ 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 \_\_\_\_\_ inches.  
 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)

## 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
Hygiene	0	1046	Good show of oil at contact with Pierre
Pierre	1046	3656	
Niobrara	3656	TD	Show of oil.