

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADORECEIVED  
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  
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 \_\_\_\_\_; 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, 1964Signed 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 |  | From  | To    |      |  |
|----------------|--------------------------|------|--|-------|-------|------|--|
|                |                          |      |  |       |       |      |  |
|                | 2 (Total =20)            |      |  | 3707' | 3697' | JAM  |  |
|                | 2 (Total =20)            |      |  | 3670' | 3660' | FJP  |  |
|                |                          |      |  |       |       | JID  |  |
|                |                          |      |  |       |       | FILE |  |

TOTAL DEPTH 3785'

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<br>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:

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)

100

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<br>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.                            |