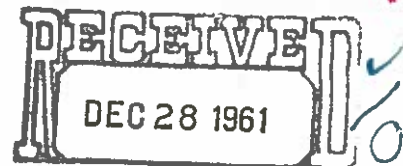




00217604

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Wildcat Operator Sundance Oil Company
County Logan Address 1430 Denver Club Bldg.
City Denver 2 State Colorado
Lease Name Stuehm - State Well No. 1 Derrick Floor Elevation 4056
Location NW SE Section 34 Township 8N Range 53W Meridian 6th
(quarter quarter)
1920 feet from South Section line and 1980 feet from West East 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 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 December 19, 1961Signed Nolan L. Aschburn
Title Geologist

The summary on this page is for the condition of the well as above date.
Commenced drilling December 13, 19 61 Finished drilling December 17, 19 61

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"			102'	60 sacks			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		
		From	To	
				AJJ
				DVR
				WRS
				HHM
				JAM
				FJP
				JJD
				FILE
TOTAL DEPTH <u>4829</u>		PLUG BACK DEPTH _____		

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Schlumberger Induction and Microlog Date December 17, 19 61
Was well cored? no Has well sign been properly posted? _____

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? _____

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)

SEE REVERSE SIDE

SEE
REVERSE
SIDE

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
Nebraska	3778	4154	No Cores or Tests
Carlile	4154	4365	
Greenhorn	4365	4528	
Bentonite	4528	4624	
D Sand	4624	4721	
J Sand	4721	4824	
Skull Creek	4824		
Total Depth	4829		

