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**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO**

RECEIVED
MAR 23 1966

**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 Ford Operator B. F. ALLISON ESTATE
County Logan Address P. O. Box 719 - Graham, Texas
City Graham State Texas
Lease Name East Padroni (Giacomini) Well No. 2 Derrick Floor Elevation 3890 KB
Location C SE¹/₄ NW¹/₄ Section 26 Township 9N Range 52W Meridian 6 P.M.
(quarter quarter)
1980 feet from N Section line and 1980 feet from W 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 1; 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.

Signed W. J. Sturmeant
Title General Manager

The summary on this page is for the condition of the well as above date.
Commenced drilling March 10, 19 66 Finished drilling March 14, 19 66

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 3/8	24#	D	113'	100	12		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		WRS
		From	To	HHM
				JAM
				FJP
TOTAL DEPTH <u>4610</u>				JJD
PLUG BACK DEPTH _____				FILE

Oil Productive Zone: From - To - Gas Productive Zone: From - To -
Electric or other Logs run Lane-Wells IES Date March 14,, 1966
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?

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)

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