

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

## 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 Minto Operator J. T. Miers  
County Logan Address Po Box 325  
City Sterling, State Colo.  
Lease Name State Well No. 1 Derrick Floor Elevation 4135  
Location C- sw/ne Section 36 Township 9N Range 53W Meridian 6pm  
(quarter quarter)  
1980 ft feet from N Section line and 1980 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 none; 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 [Signature]  
Date 12-17-61 Title Owner

The summary on this page is for the condition of the well as above date.  
Commenced drilling 12-5-61, 19\_\_\_\_ Finished drilling 12-16-61, 19\_\_\_\_

## CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8-5/8"</u>	<u>24#</u>	<u>J-55</u>	<u>78'</u>	<u>40sks</u>	<u>12hrs</u>		

## CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
<u>None</u>				

TOTAL DEPTH <u>4968 ft</u>	PLUG BACK DEPTH _____
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Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
Electric or other Logs run 4968 ft Date 12-16-, 19 61  
Was well cored? yes No analysis 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		
	<u>none</u>					

Results of shooting and/or chemical treatment: none

## 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 <u>None</u> 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)

Ref.

# 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.

[illegible]