

CONFIDENTIAL

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

RECEIVED
SEP 17 1959

00216430

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 FRONT RANGE OIL AND URANIUM COMPANY
County Larimer Address 332 Colorado National Bank Building
City Denver 2 State Colorado
Lease Name Dean Well No. 1 Derrick Floor Elevation 5130 K.B.
Location NE SW Section 4 Township 7 N Range 69 W Meridian 6th P.M.
1980 (quarter quarter) feet from S Section line and 1495 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 None; Gas None
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 September 16, 1959Signed J. H. Kolb
Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.
Commenced drilling July 9, 1959 Finished drilling July 23, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
8 - 5/8"			104'	Cemented to		Time	Psi
				Surface			
4"	9 Lb.		2500'	50 Sacks			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
Perforated with 6 shots per foot 2310-2318 at 2 foot intervals.				
Non measureable amounts of oil were recovered in these tests indicating non commercial production and well was abandoned.				

TOTAL DEPTH 2530'

PLUG BACK DEPTH _____

AJJ
DVR
WRS
HHM
JAM
FJP
JJD
FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run E/S & Micro Log Date July 23, 1959
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: _____

Well Abandoned

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

4-7N-69W

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
Sand and Gravel	0	72	
Pierre Shale	72	1355	
(Medium Grey Shale			
Limy	1355	1410	
(Speckled Grey			
Shale Limy	1410	1750	
(Grey and Brown			
Limestone	1750	1782	
White Limestone	1782	1799	
(Hard Tight Shaly			
Sand	1799	1802	
(Hard Tight Dark			
Shaly Sand	1802	1811	
Shale	1811	2275	
(Hard Tight Sandy			
Shale	2275	2300	
(Hard Tight Quartz			
Sand Streaks	2300	2310	
(Medium Grained			
(Silty Quartz Sand	2310	2320	oil stain
Same Appears Wet	2320	2350	
Shale	2350	2520	
(White Medium			
(Grained Quartz	2520	2530	
(Sand Wet			
T. D.	2530		water

TEST RESULTS: _____

Gas Vol: _____

Gas Gravit: _____

Oil Gravit: _____

Water Gravit: _____

Temp: _____

Pressure: _____

Flow Rate: _____

Test Duration: _____

Test Location: _____

Test Date: _____

Test Operator: _____

Test Supervisor: _____

Test Engineer: _____

Test Geologist: _____

Test Driller: _____

Test Logger: _____

Test Recorder: _____

Test Observer: _____

Test Assistant: _____

Test Aide: _____

Test Helper: _____

Test Support: _____

Test Crew: _____

Test Team: _____

Test Group: _____

Test Unit: _____

Test Vehicle: _____

Test Equipment: _____

Test Supplies: _____

Test Materials: _____

Test Tools: _____

Test Instruments: _____

Test Devices: _____

Test Apparatus: _____

Test Machinery: _____

Test Equipment: _____

Test Supplies: _____

Test Materials: _____

Test Tools: _____

Test Instruments: _____

Test Devices: _____

Test Apparatus: _____

Test Machinery: _____