



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED
MAY 12 1964

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 Curtis Anticline Operator Quintin R. Grenfell
 County Routt Address 632 West El Camino
 City Sacramento 33, State California
 Lease Name Morris Well No. 1 Derrick Floor Elevation 6659
 Location NE 1/4 SE 1/4 Section 14 Township 6N Range 86W Meridian 6th PM
1650 feet from S Section line and 100 feet from E Section Line Not Known
 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 None
 Well completed as: Dry Hole Oil Well Gas Well Suspended Operations

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 May 6, 1964 Signed _____ Title Operator

The summary on this page is for the condition of the well as above date.
 Commenced drilling September 8, 1963 Finished drilling November 28, 1963

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8		J55	115 ft.	50			
5 1/2		J55	2020 ft.	none			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	DVR	WRS	HHM	JAM	FJP	JJD	FILE
	None				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
TOTAL DEPTH <u>4515 ft.</u>		PLUG BACK DEPTH									

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run Electric Date September 26, 1963
 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		
<u>None</u>						

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)

Suspended ops

