



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

OCT 1 - 1965
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 Wildcat Operator Gaul H. Umbach
 County Logan Address Flagstaff Rd.
 City Boulder State Colo.
 Lease Name Cervi Well No. 1 Derrick Floor Elevation 4069
 Location NE SW Section 3 Township 9N Range 53W Meridian 6th
2240 feet from S 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 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 Sept. 21, 1965

Signed Gaul H. Umbach
 Title Owner

The summary on this page is for the condition of the well as above date.
 Commenced drilling Sept. 12, 1965 Finished drilling Sept. 17, 1965

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8			116	60 sacks	10 hrs.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	DVR
					<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input checked="" type="checkbox"/>
					<input checked="" type="checkbox"/>

TOTAL DEPTH 4872 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run Electrolog Date Sept. 17, 1965
 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: _____

NO TESTS

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)

well 6

