



00250340

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED

OCT 11 1967

COLO. OIL & GAS CONS. COMM.

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 North Craig Operator Sun Oil Company
County Moffat Address P.O. Box 1798
City Denver State Colorado 80201
Lease Name State 2018 Well No. 1 Ground Elevation 6420
Location NW NW Section 34 Township 8N Range 90W Meridian 6th PM
990 feet from N Section line and 990 feet from W Section Line
Nor S E or W

Drilled on: Private Land ☐ Federal Land ☐ State Land ☒
Number of producing wells on this lease including this well: Oil 0; Gas 0
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 Oct. 9, 1967Signed Marshall Clayton Jr.
Title Petroleum Engineer

The summary on this page is for the condition of the well as above date.

Commenced drilling 5-1-, 19 67 Finished drilling 5-5, 19 67

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
4-1/2	9.5#	J-55	3100'	150	24	30"	1,000

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
Jets	2	2802	2805
Jets	2	2811	2816
Jets	2	2823	2828
Jets	2	2830	2833
TOTAL DEPTH <u>3100'</u>		PLUG BACK DEPTH _____	

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<input type="checkbox"/>
JAM	<input type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

Oil Productive Zone: From - To - Gas Productive Zone: From 2802 To 2834
Electric or other Logs run IES, GR, Logs Date 5-5-, 19 67
Was well cored? No Has well sign been properly posted? D.H.

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
5-25-67	15% Mud Acid	800 gals.	2802	2833	Lewis Sd.	
5-27-67	Frac Sand-Glass	2800#	2802	2833	Lewis Sd.	
	Beads	2000#				

Results of shooting and/or chemical treatment: Both of above treatments unsuccessful in establishing gas production

DATA ON TEST - Dry hole

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)

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
Lewis Sand	2802	2834	Gas (?) On swab test rec. salty water with very slight show of gas.