

MAR 2 - 1962
OIL & GAS
CONSERVATION COMMISSION

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 MOUNT HOPE EAST Operator SIGNET OPERATING & EXPLORATION CO.
County LOGAN Address 245 PETROLEUM CLUB BUILDING
City DENVER State COLORADO

Lease Name GREEN Well No. 2 Derrick Floor Elevation 4231
Location C SE/4 NW/4 Section 20 Township 9N Range 53W Meridian 6th
(quarter quarter)
1980 feet from N 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 1; 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.

Date 3-1-62 Signed [Signature]
Title CHIEF ACCOUNTANT

The summary on this page is for the condition of the well as above date.
Commenced drilling 6 November, 1961 Finished drilling 11 November, 1961

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24#	F 25	105 (K.B.)	70	12 hrs		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
TOTAL DEPTH <u>5024</u>		PLUG BACK DEPTH _____	

AJJ	
DVR	<input checked="" type="checkbox"/>
WRS	
HMM	
IAM	
FJP	<input checked="" type="checkbox"/>
JJD	
FILE	

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run INDUCTION & MICROLOG Date 11 November, 1961
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: _____

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)

R

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
Niobrara	4109	4363	Calcareous Shale
Fort Hays	4363	4416	Chalky Limestone
Codell	4416	4438	Sandstone
Carlisle	4438	4652	Shale
Greenhorn	4652	4888	Shaly Limestone
"D" Sand	4888	4918	Sandstone, No shows of oil or gas
"J" Sand	4994	5103	Sandstone, No shows
Total Depth	5103		
			DST #1
			5005' to 5024'
			Tool open 1 hour, shut in 30 minutes
			Weak blow, died in 15 minutes.
			Recovered 15' Drilling Mud
			Initial Flow Pressure 21 psi
			Final Flow Pressure 32 psi
			Shut-In Pressure 53 psi
			Initial Hydrostatic Pressure 2802 psi
			Final Hydrostatic Pressure 2781 psi