



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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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 McCallum Unit Operator Continental Oil Company
 County Jackson Address Box 126
 City Craig, Colorado State Colorado
 Lease Name McCallum Unit Well No. 23 Derrick Floor Elevation 8264'
 Location NW SE Section 18 Township 9N Range 78W Meridian 6th PM
1780 (quarter quarter) feet from S Section line and 1730 feet from E 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 11; 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 March 1, 1961 Signed _____ Title District Superintendent

The summary on this page is for the condition of the well as above date.
 Commenced drilling: October 21, 1960 Finished drilling: Dec. 18, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7 5/8"	24	H-40	429'	140	24		
4 1/2"	9.50 and 11.60	J-55	6225'	200	24		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	
Jet	4	5782'		5786'	AJJ
"	4	5800'		5804'	DVR
"	4	5806'		5814'	WRS
"	4	5876'		5882'	HHM
					JAM
					FJP
					JJD
					FILE

Oil Productive Zone: From 5776' To 5888' Gas Productive Zone: From _____ To _____
 Electric or other Logs run IES, Sonic, Dipmeter, GR-N & Cement Date 12-15-, 1960
 Was well cored? No Has well sign been properly posted? Temporary

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 8 A.M. or P.M. 2-28 1961 Test Completed 8 A.M. or P.M. 3-1 1961
 For Flowing Well: For Pumping Well:
 Flowing Press. on Csg. 490 lbs./sq.in. Length of stroke used _____ inches.
 Flowing Press. on Tbg. 185 lbs./sq.in. Number of strokes per minute _____
 Size Tbg. 2 3/8 in. No. feet run 5780' Diam. of working barrel _____ inches
 Size Choke None in. Size Tbg. _____ in. No. feet run _____
 Shut-in Pressure 750# 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?
Yes

SEE REVERSE SIDE

TEST RESULTS: Bbls. oil per day <u>11</u> API Gravity <u>51.4°</u>
Gas Vol. <u>1,829</u> Mcf/Day; Gas-Oil Ratio <u>166,272</u> Cf/Bbl. of oil
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

