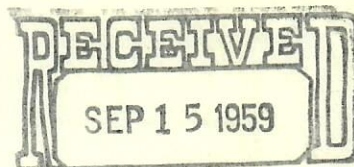




00224152

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



OIL & GAS

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 Sunray Mid-Continent Oil Company
County Routt Address P.O. Box 2692
City Denver 1, State Colorado
Lease Name State Of Colorado Well No. 1-A Derrick Floor Elevation 6836 KB
Location NW NW NW Section 27 Township 6N Range 85W Meridian
330 (quarter quarter) feet from N Section line and 330 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. 11, 1959Signed [Signature]
Title Production Coordinator

The summary on this page is for the condition of the well as above date.
Commenced drilling 7-3, 19 59 Finished drilling 7-15, 19 59

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24#	J-55	135'	85	12 Hrs		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
TOTAL DEPTH <u>2750</u>		PLUG BACK DEPTH	

AJJ
DVR
WRS
HHM
JAM
FJP
JJD
FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19 _____
Was well cored? _____ 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 _____ Ct/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
Code11	960		
Frontier	1220'		
Dakota	1675		
Morrison	1837		
Curtis	2220		
Entrada	2265		DST#1 -2296 to 2330'-open 1 hr. Closed 20 Min. Rec'd 1945' fresh water,no shows
Chinle	2400		
Shinarump	2597		DST#2 -2625 to 2640'- Tool open,few bubbles Dry Test.
Moenkopi	2677		
RTD-2750'			