

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED

DEC 19 - 1967

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLO. OIL & GAS CONS. COMM.

DESIGNATION AND SERIAL NO.

9706-17

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

CRA, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2250, Casper, Wyoming 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

2310' FNL and 1650' WEL of Sec. 18, T6N, R86W, 6th PM
At proposed prod. zone

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR. 6631.76 DF. 6635.76

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tow Creek

9. WELL NO.

State Well #3

10. FIELD AND POOL, OR WILDCAT

Tow Creek

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREASW SE NW Sec. 18, T6N, R86W
6th PM

12. COUNTY OR PARISH

Routt

13. STATE

Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

Scale Inhibitor

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

See Attached Subsequent Well History.

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

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE District Manager

DATE Dec. 13, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE DEC 20 1967

CONDITIONS OF APPROVAL, IF ANY:

file

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COLO. OIL & GAS CONS. COMM.

SUBSEQUENT WELL HISTORY

NAME: Tow Creek State Well #3

LOCATION: C SW SE NW - Sec. 18, T6N, R86W
Routt County, Colorado

ELEVATION: G.L. + 6632'

CONDITION OF WELL PRIOR TO WORKOVER:

7" casing set at 1836' w/o sax
5-1/2" casing set at 2760' w/100 sax
2-3/8" tubing at 2763' w/pump at 2631'
7-7/8" open hole from 2743' to 2797'
4-3/4" open hole from 2797' to 3073'

Production prior to workover - 4 BOPD and 20 BWPD

Production 15 days after workover - 13.96 BOPD and 38.21 BWPD

Reason for workover:

Acidize well to remove calcium carbonate scale buildup and
inject scale inhibitor.

Present Status:

Pump is now a 2-1/2" X 1-1/2" X 12' set at 2708'.

Work Done:

9-25-67 Moved in R & R workover rig. Pulled rods and tubing and ran tubing back in open ended. Tagged bottom at 2774' in 7-7/8" hole.

9-26-67 Dumped 500 gallons of 28% Hydrochloric acid in tubing. Tubing went on vacuum. Let acid set 6 hours, swabbed back acid and spent acid water at 4 - 5 BPH rate. Swabbed back approximately 35 barrels.

9-27-67 Put well on pump, filled tubing and started well to pumping.

9-28-67 Well pumped up and made 20 BO and 30 BW in 19 hours. Producing results following workover are shown below:

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Subsequent Well History
Tow Creek State Well #3

Page 2 18-6N-86W

SE/NW

1672.60 FNL 3732 FWL

<u>Date</u>	<u>BOPD</u>	<u>BWPD</u>
9-29	20.72	36.96
9-30	-	41.73
10-1	-	36.81
10-2	10.38	26.40
10-3	10.47	27.38
10-4	11.25	30.18
10-5	12.40	30.97
10-6	12.88	51.32
10-7	16.44	49.11
10-8	17.11	49.86
10-9	15.30	41.87
10-10	14.43	42.64
10-11	13.57	36.09
10-12	13.39	38.60
10-13	13.96	38.21

10-21-67 Mixed one drum of Visco 959 scale inhibitor with water (10 to 1 ratio) and injected solution down annulus with Dowell pump truck. Displaced into Niobrara shale formation. (Displacement volume - 2-1/2 times annular volume). This treatment should last for at least 6 months. Visco will check ppm content of water periodically.

RML/vs

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CRA, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 2250, Casper, Wyoming 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 2310' FNL and 1650' WEL of Sec. 18, T6N, R86W, 6th PM
At proposed prod. zone

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR. 6631.76 DF. 6635.76

5. LEASE DESIGNATION AND SERIAL NO.

9706-17

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

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12. COUNTY OR PARISH 13. STATE

Routt

Colorado

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐

(Other) Scale Inhibitor

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐(Note: Report results of multiple completion on Well
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

We have been experiencing a severe scale problem on this well. In order to increase the field production we propose to clean up the well bore by spotting 500 gallons of 28% HCL on the formation.

The well will then be returned to production after swabbing the spent acid water.

After a sufficient length of time, well will be frac'd with sand-oil containing a scale inhibitor. If this treatment is successful, we propose to treat other wells in this field in a similar manner.

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

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE District Manager

DATE September 28, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE Director

DATE

OCT 13 1967

CONDITIONS OF APPROVAL, IF ANY: