

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

DEC 6 1956



00197584

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 Tow Creek Operator Cabeen Exploration Corporation
County Routt Address 719 Farmers Union Bldg.
City Denver State Colorado
Lease Name State Well No. 2 Derrick Floor Elevation 6561' D.F.
Location SE/SE/NW Section 18 Township 6N Range 86W Meridian 6th
(quarter quarter)
feet from _____ Section line and _____ feet from _____ 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 2; 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 9-1-56Signed Natural
Title Division Geologist

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

Commenced drilling 6-3-56, 19____ Finished drilling 7-12-56, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
13-5/8"			150*				
5-1/2"			2697*				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To

TOTAL DEPTH 2800*

PLUG BACK DEPTH _____

Oil Productive Zone: From 2701* To 2800* Gas Productive Zone: From _____ To _____
Electric or other Logs run No Date _____, 19____
Was well cored? No Has well sign been properly posted? Yes

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 7:00 A.M. or P.M. July 24, 19 56 Test Completed 7:00 A.M. or P.M. July 25, 19 56

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 24* inches.Number of strokes per minute 12Diam. of working barrel 1-1/4 inchesSize Tbg. 2-7/8 in. No. feet run 2

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? _____

TEST RESULTS: Bbls. oil per day 48 API Gravity 36-38
Gas Vol. T.S.M. Mcf/Day; Gas-Oil Ratio T.S.M. Cf/Bbl. of oil
B.S. & W. Tr. %; 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
Mancos Shale	Surface	2701*	Shale, dark gray
Niobrara (?)	2701*	2800*	Shale, dark gray - difficult to distinguish pay section, presumed to be Niobrara Shale, from Mancos Shale.

CASING RECORD			
DATE	WT. PER FT.	GRADE	DEPTH LAMDED
3-1-16			2877

CASING PERFORMANCE			
Type of Change	No. Performances per ft.	From	Zone To

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT			
DATE	QUANTITY	ZONE	REMARKS