OGCC FORM 5

00862110

RECEIVED SEP 23 1964 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 Wildcat Operator Allison Drilling Company, Inc.
County Washington Address 910 Western Federal Savings Bldg.
City Denver, State Colorado

Lease Name Trim Well No. 1 Derrick Floor Elevation 4844
Location C NW SW (quarter quarter) Section 35 Township 3 S Range 55 W Meridian 6th
1980 feet from S (N or S) Section line and 660 feet from W (E or W) Section Line

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil None ; 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.

Allison Drilling Company, Inc.
Signed
Date September 22, 1964 Title Agent

The summary on this page is for the condition of the well as above date.
Commenced drilling September 18, 19 64 Finished drilling September 22, 19 64

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST Time	PRESSURE TEST Psi
8 5/8	24#	J-55	109'	70	72 hrs.		

CASING PERFORATIONS

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

TOTAL DEPTH 4900 PLUG BACK DEPTH

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 From	ZONE To	FORMATION	REMARKS

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)

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
"D"	4717	4731	All sands to T.D. were either of low to
"J"	4815	4900	zero perm. or clay filled.