



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED
JUL 26 1965

WELL COMPLETION REPORT

OIL & GAS
CONSERVATION COMMISSION

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 Big Beaver Operator Kimbark Expl. Tiddens Petro. Corp. & J.B. Ladd
 County Washington Address 201 University Blvd.
 City Denver 6 State Colorado
 Lease Name Duwall Well No. 1 Derrick Floor Elevation 4709 GL
 Location SE SE Section 8 Township 3S Range 56W Meridian 6
 (quarter quarter)
612 feet from S Section line and 611 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 _____; 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 July 22, 1965

Signed [Signature]
 Title President

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

Commenced drilling 7/15, 19 65 Finished drilling 7/20, 19 65

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24		103	85			

CASING PERFORATIONS

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

TOTAL DEPTH 5138

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run IES-ML Date 7/19, 19 65
 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		
						DVR
						WRS
						HHM
						JAM
						FJP
						JJD
						FILE

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. _____

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)

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 sand	4968		No cores
J sand	5016		DST # 1 5078-86 Open 40" Rec. 825' gas, 45' oil, 1400' gli. gas and oil cut water. FP 378-658# SIP 609-658#.
			DST # 2 5018-26 Open 1 hr. SI 30" Rec. 300' wtr. w/ sum of oil on top. SIP 84-84#.