

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
MAY 19 1964

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 W.C. Operator Allison Drilling Company, Inc.
County Washington Address 910 Western Federal Savings Building
City Denver State Colorado
Lease Name Price Well No. 1 Derrick Floor Elevation 4645 K.B.
Location NW NE Section 3 Township 3S Range 56W Meridian 6 PM
(quarter quarter) feet from N Section line and 2005 feet from E Section Line
685 feet from N or S or W

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil 0; Gas 0
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 5-15-64Signed R. M. Johnson
Title Geol.

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

Commenced drilling 5-9-, 1964 Finished drilling 5-14-, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24	D	120	100	12		

CASING PERFORATIONS

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

TOTAL DEPTH 5147

PLUG BACK DEPTH _____

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

Oil Productive Zone: From - To - Gas Productive Zone: From - To -
Electric or other Logs run Lane Wells: E.S. Date 5-14-, 1964
Was well cored? Yes 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?

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)

SEE REVERSE SIDE

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
Niobrara	4068	4510	
Ft. Hays	4510	4558	
Carlile & Graners	4558	4964	
"D" Sand	4964	4990	Sand & Shale, no shows
"J" Sand	5018	T.D.	Cored top 37' - shows from 5018-25 1/2, no shows in members below.