

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
JAN 27 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 Pawnee Creek Operator Midwest Oil Corporation
County Logan Address 1700 Broadway
City Denver State Colorado
Lease Name Colorado State Well No. 2 Derrick Floor Elevation 4241
Location NE NW Section 2 Township 7N Range 54W Meridian 6
(quarter quarter)
660 feet from N Section line and 1980 feet from W 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 one; 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 1-25-65Signed Courtney E Cook
Title District Supt.

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

Commenced drilling 1-18, 19 65 Finished drilling 1-23, 19 65

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	20	J-55	165	130	12	15	1500

CASING PERFORATIONS

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

TOTAL DEPTH 5190

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run ES & Ind Date 1-23, 19 65
Was well cored? Yes No shows _____ 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 _____ A.M. or P.M. _____ 19 _____ Test Completed _____ A.M. or P.M. _____ 19 _____
For Flowing Well: For Pumping Well:
Flowing Press. on Csg. _____ lbs./sq.in. Length of stroke used _____ inches
Flowing Press. on Tbg. _____ lbs./sq.in. Number of strokes per minute _____
Size Tbg. _____ in. No. feet run _____ Diam. of working barrel _____ inches
Size Choke _____ in. Size Tbg. _____ in. No. feet run _____
Shut-in Pressure _____ 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

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
"D" "J" TD	4948 5045 5190		D&A 2 - DST's failed - packers slipped. Cored 5076-5101 No shows except 2-1/2" 5076 ₂ -5079 ₁ .