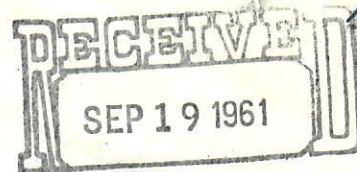




00650760

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Mack Field Operator Ralph R. Bradley
County Mesa Address 1036 North Tuxedo
City Indianapolis State Indiana
Lease Name No. 2 Globe Guccini Well No. # 2 Derrick Floor Elevation _____
Location SE 1/4 SW 1/4 Section 12 Township 2N Range 3W Meridian Special
(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 _____; 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.

Signed _____
Date _____ Title _____

The summary on this page is for the condition of the well as above date.
Commenced drilling September, 19 59 Finished drilling October, 19 59

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>4 1/2</u>	<u>9 lb.</u>	<u>New</u>	<u>1675'</u>	<u>110 sacks</u>	<u>straight</u>	<u>36 hours</u>	<u>2800</u>

CASING PERFORATIONS

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

TOTAL DEPTH 1675' PLUG BACK DEPTH Surface

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run None Date _____, 19 _____
Was well cored? _____ Has well sign been properly posted? 5 ft.
underground

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
						<u>AJJ</u>
						<u>DVR</u>
						<u>WRS</u>
						<u>HHM</u>
						<u>JAM</u>
						<u>FJP</u>
						<u>JJches.</u>
						<u>FILE</u>
						<u>inches</u>

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 _____
Number of strokes per minute _____
Diam. of working barrel _____
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.

[illegible]