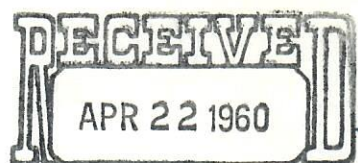




00063675

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

1

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 Rangely Operator Rangely Oil and Gas Company
County Rio Blanco Address Box 26
City Rangely State Colorado
Lease Name Newton Well No. 25A Derrick Floor Elevation _____
Location NE $\frac{1}{4}$ NE $\frac{1}{4}$ SEC. 12 Section 12 Township 1N Range 102W Meridian 6th P.M.
(quarter quarter)
1080 feet from N Section line and 250 feet from E 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 8; 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 April 18, 1960Signed Fred F. Green
Title Bookkeeper

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

Commenced drilling March 20, 1960 Finished drilling March 27, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10"			31'	2 Yards			
5 $\frac{1}{2}$ "			3626.08'				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	AJJ
					DVR
					WRS
					HHM
					JAM
					FJP
					JJD
					To FILE

TOTAL DEPTH 3911.36 PLUG BACK DEPTH _____

Oil Productive Zone: From 3760 To 3911.08 Gas Productive Zone: From _____ To FILE
Electric or other Logs run _____ Date _____, 19____
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		

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced 6 A.M. or P.M. 4-15 1960 Test Completed 6 A.M. or P.M. 4-16 1960

For Flowing Well:

For Pumping Well:

Flowing Press. on Csg. _____ lbs./sq.in.

Length of stroke used 30 inches.

Flowing Press. on Tbg. _____ lbs./sq.in.

Number of strokes per minute 11

Size Tbg. _____ in. No. feet run _____

Diam. of working barrel 1 25/32 inches

Size Choke _____ in.

Size Tbg. 2 in. No. feet run 3891'

Shut-in Pressure _____

Depth of Pump 3861 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 20 API Gravity 42
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]