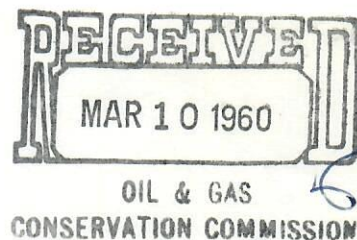




00044037

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



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 Chatham Oil Co.
County Rio Blanco Address P. O. Box 204
City Rangely State Colorado
Lease Name M. V. Smith Well No. 24 Derrick Floor Elevation _____
Location SE 1/4 NW 1/4 Section 11 Township 1 N. Range 102 W. Meridian 6th P.M.
1575 feet from N Section line and 2405 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 _____; 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 March 8, 1960Signed R.M. Goldstein
Title Manager

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

Commenced drilling January 20, 1960 Finished drilling February 14, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8"			23'	3/4 yd. Ready-mix at top			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		
		From	To	
	None			
TOTAL DEPTH <u>1965</u>		PLUG BACK DEPTH _____		

Oil Productive Zone: From 1795 To 1805 Gas Productive Zone: From _____ To _____

Electric or other Logs run _____ Date _____, 19____

Was well cored? _____ 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		
	None					

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
<u>Mancos</u>	115		
	0	115	Overburden
	115	1430	Light blue shale
	1430	1685	Hard dark shale
	1685	1795	Dark soft shale
	1795	1805	Oil
	1805	1960	Dark shale
			TD 1965