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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*  
(See other instructions on reverse side)  
JAN 9 1978

Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other _____
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
				DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR Valwood Production Co.					
3. ADDRESS OF OPERATOR 708 East Manchester Blvd.					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface NE.NE.Sec.10,T1N,R102W,6th P.M. At top prod. interval reported below 1000' from E-line & 430' from N-line At total depth					
14. PERMIT NO. 74-761		DATE ISSUED 9-23-74		5. LEASE DESIGNATION AND SERIAL NO. 05-034894	
				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
				7. UNIT AGREEMENT NAME	
				8. FARM OR LEASE NAME Federal	
				9. WELL NO. R-5	
				10. FIELD AND POOL, OR WILDCAT Rangely	
				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE.NE.Sec.10-1N402W 6th P.M.	
15. DATE SPUDDED Sept.5'75		16. DATE T.D. REACHED Sept.29,'75		17. DATE COMPLETION (Ready to prod.) D&A 9-29-75	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5275' grd.; 5283' K.B.		19. ELEV. CASINGHEAD XXXXXXX			
20. TOTAL DEPTH, MD & TVD 3718'		21. PLUG, BACK T.D., MD & TVD none		22. IF MULTIPLE COMPLE., HOW MANY* none	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-3718'		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* none					25. WAS DIRECTIONAL SURVEY MADE no
26. TYPE ELECTRIC AND OTHER LOGS RUN none					27. WAS WELL CORED no
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9x5x24					
7"	20.00#	30'	9 5/8"	25 sks	none
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)					
none					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
none					
33.* PRODUCTION					
DATE FIRST PRODUCTION none		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
DATE OF TEST none	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL. none	GAS—MCF. none
					WATER—BBL. none
					GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.
					OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
35. LIST OF ATTACHMENTS none					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <u>W. Don Grigley</u>		TITLE <u>Cons.</u>		DATE <u>Jan.5,1978</u>	

\*(See Instructions and Spaces for Additional Data on Reverse Side)



## INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

### 37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Mancos	surface	3718'	Black marine shale
Mancos (Frontier)	3680'	3718'	Light brown silty sand

## 38.

## GEOLOGIC MARKERS

[illegible]