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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

COLO. OIL & GAS CONS. COMM.

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 Buffalo Operator SAMUEL GARY
County Washington Address 1700 Broadway
City Denver State Colorado
Lease Name MILLER Well No. 9-1 Derrick Floor Elevation 4451' KB
Location SE SE Section 9 Township 2N Range 54W Meridian 6th
661 (quarter quarter) feet from S Section line and 725 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 _____; 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 12-16-66

Signed _____

Title _____

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

Commenced drilling December 9, 1966 Finished drilling December 12, 1966

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24#	new	120'	170	12 hrs.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		DVR
		From	To	
				WB5
				HW4
				JAW
				FJP
				JHD
				FILE

TOTAL DEPTH 4873' LTD PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run ES-Induction & Micrologs Date December 11, 1966
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 _____ 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)

SE SE

9-2N-54W

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
Niobrara	3928'		
Ft. Hays	4286'		
Carlile	4322'		
Greenhorn	4414'		
Bentonite	4641'		
"D" Sand	4747'	(-276)	
"J" Sand	4799'	(-348)	
			DST #1 4802-14'
			Open 9"
			SI 30"
			Open 90"
			SI 30"
			Recovered:
			1400' gas in drillpipe
			130' heavily oil-cut mud (65% oil)
			110' muddy water
			Pressures:
			ISI 1065#
			FSI 1036#
			IF 47#
			FF 94#