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OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED

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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 Cantina Operator Wm. A. Sidwell, Jr.
County Washington Address 1st National Bank Bldg - Denver, Colo.
City _____ State _____

Lease Name Darby Well No. 1 Derrick Floor Elevation 4494'
Location c/ne/4 se/4 Section 1 Township 2 N Range 54 W Meridian 6
1980 (quarter quarter) feet from South Section line and 660 feet from east Section Line
Nor S Mer W

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil -0-; Gas -0-
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 3/27/70 Signed Wm. A. Sidwell, Jr.
Title Operator

The summary on this page is for the condition of the well as above date.
Commenced drilling 12/04/69, 19____ Finished drilling 12/08/69, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
8-5/8"	24#		107' (k.b.)	80 regular	12 hr	Time	Psi

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
no production casing was run				

TOTAL DEPTH 4865 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ 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 (No tests taken)

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? _____

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.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	3890')
Ft. Hays	4222'		(
Carlile	4277')
Bentonite	4612	 	(
"D" Sand	4708	 (-214)) Formation description described in the accompanying geological report of N.M. Tobison
"J" Sand	4782	 (-288)	(
Total Depth	4865)
No Cores or Tests			
The well was plugged with 10 sacks of cement in the top and 15 sacks in the base of the surface casing; 20 sacks were set across the "D" Sand.			