

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



WELL COMPLETION REPORT

OIL & GAS

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: SPRING CREEK, County: WELD, Operator: S. D. JOHNSON, Address: 1517 Denver Club Bldg, City: Denver, Colorado, State: ... Lease Name: NICKLAS, Well No.: B-1, Derrick Floor Elevation: 4378, Location: C SE NE, Section: 25, Township: 9N, Range: 56W, Meridian: 6 PM, 1980 feet from North Section line and 660 feet from East Section Line

Drilled on: Private Land [X] Federal Land [] State Land [] Number of producing wells on this lease including this well: Oil []; Gas [] Well completed as: Dry Hole [X] 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: 9/2/59, Signed: [Signature], Title: Agent

The summary on this page is for the condition of the well as above date. Commenced drilling: 4/10/59, Finished drilling: 4/18/59, 19...

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8 5/8", 24#, J-55, 85', 75, ...

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a vertical list of zones: AJJ, DVR, WKS, HFM, JAM, FIP, JJD, FILE.

Oil Productive Zone: From ... To ... Gas Productive Zone: From ... To ... Electric or other Logs run ... Date ... Was well cored? ... Has well sign been properly posted? ...

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Row 1: NONE

Results of shooting and/or chemical treatment:

NONE DATA ON TEST NONE

Test Commenced: A.M. or P.M. 19... Test Completed: A.M. or P.M. 19...

For Flowing Well: Flowing Press. on Csg., Flowing Press. on Tbg., Size Tbg., Size Choke, Shut-in Pressure. For Pumping Well: Length of stroke used, Number of strokes per minute, Diam. of working barrel, Size Tbg., Depth of Pump.

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)

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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	4712	5020	
CARLILE	5074	5246	
BENTONITE	5432	5434	
"D" SAND	5620	5548	
"J" SAND		T. D.	



Well No. _____ Date _____
 Location _____
 Operator _____
 Driller _____
 State _____