



00789413

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

OIL & GAS
CONSERVATION COMMISSION

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 Wildcat Operator Robert Schulein et al
County Logan Address 2319 1st National Bank Building
City Denver State Colorado
Lease Name Plog Well No. 1 Derrick Floor Elevation 4335 KB
Location CNE 1/4 SE 1/4 Section 34 Township 9N Range 55W Meridian 6
1980 (quarter quarter) feet from S Section line and 660 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.

Signed _____ Title _____
Date _____

The summary on this page is for the condition of the well as above date.
Commenced drilling 8-18, 19 65 Finished drilling 8-25, 19 65

CASING RECORD

| SIZE | WT. PER FT. | GRADE | DEPTH LANDED | NO. SKS. CMT. | W.O.C. | PRESSURE TEST | |
|---------------|-------------|------------|--------------|---------------|--------------|----------------|-------------|
| | | | | | | Time | Psi |
| <u>8-5/8"</u> | <u>24#</u> | <u>New</u> | <u>81'</u> | <u>60</u> | <u>12 HR</u> | <u>30 Min.</u> | <u>800#</u> |
| | | | | | | | |
| | | | | | | | |

CASING PERFORATIONS

| Type of Charge | No. Perforations per ft. | From | Zone | To |
|----------------|--------------------------|------|------|----|
| | | | | |
| | | | | |
| | | | | |

TOTAL DEPTH 5473' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run ES-Induction & Minilogs Date 8-25, 19 65
Was well cored? No 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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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? _____

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 | 4480 | (-145) | No Cores or DST'S. |
| Carlile | 4842 | (-507) | |
| Green Horn | 5023 | (-688) | Logs: ES-Induction & Minilogs. |
| Bentonite | 5190 | (-855) | |
| D Sand | 5289 | (-954) | |
| J Sand | 5393 | (-1058) | |
| Total Depth | 5470 | Driller | |
| Total Depth | 5473 | Logger | |