

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____						
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____				
2. NAME OF OPERATOR											
3. ADDRESS OF OPERATOR											
P. O. Box 1714 - Durango, Colorado											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*											
At surface 1580' FWL, 1715' FWL Unit "F"											
At top prod. interval reported below											
At total depth											
14. PERMIT NO.				DATE ISSUED							
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD			
5-8-66		5-11-66		6-14-66		5712' GR		5712'			
20. TOTAL DEPTH, MD & TVD		21. PLUG. BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		24. ROTARY TOOLS			
2285'		2206'		---		0 - 2285'		0			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*								25. WAS DIRECTIONAL SURVEY MADE			
2144 - 2206 Pictured Cliffs								Yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN								27. WAS WELL CORED			
Density Log								No			
28. CASING RECORD (Report all strings set in well)								29. LINER RECORD			
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENT IN RECORD			
8-5/8		20 & 24#		125		12-1/4		100 Sacks			
3-1/2		9.2#		2279		7-7/8		275 sacks			
30. TUBING RECORD		SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*			
None		None		None		None		None			
31. PERFORATION RECORD (Interval, size and number)								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
2144-48 1 HPF								DEPTH INTERVAL (MD)			
2154-58 1 HPF								AMOUNT AND KIND OF MATERIAL USED			
1176-80 1 HPF								2144-2206 45,000 gals wtr & 45,000 lbs sand			
2184-90 1 HPF											
2199-2202 1 HPF											
2203-06 1 HPF											
33.* DATE FIRST PRODUCTION								PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)	
S.I.								Flowing		S.I.	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
6-14-66		3		3/4		→					
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	
24				→				429			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED								TITLE		DATE	
Harold C. Nichols								Senior Production Clerk		June 28, 1966	

Distribution:

5 - USGS
1 - Continental
1 - File

*(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 each measurement 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			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Pictured Cliffs	2144	2206	Sand - Gas		