

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 ☐			
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. SERV. ☐	Other
2. NAME OF OPERATOR James P. Woosley <i>Cil Co.</i>							
3. ADDRESS OF OPERATOR P.O. Drawer 1480, Cortez, Colorado 81321							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FSL & 330' FEL (NESE) At top prod. interval reported below Same At total depth Same							
14. PERMIT NO. James Sims				DATE ISSUED 1/22/83			
15. DATE SPUDDED 4-4-83		16. DATE T.D. REACHED 4-10-83		17. DATE COMPL. (Ready to prod.) 4-28-83		18. ELEVATIONS (DF, REB, RT, OR, ETC.)* 6578	
20. TOTAL DEPTH, MD & TVD 2210		21. PLUG, BACK T.D., MD & TVD 2142		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 0-2210	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2058 2071 2092 - 2102 Point Lookout						19. ELEV. CASINGHEAD 6579	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Densilog; Induction Electrolog						25. WAS DIRECTIONAL SURVEY MADE Yes	
27. WAS WELL CORRED No							
29. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
7"	22# J-55	94'	9"	66 cf Cl. C; circulated to surface;		None	
4-1/2"	9.5# J-55	2142'	6-1/4"	268 cf Cl. B P02; circulated to surface; cement		None	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	2041'	2037
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
2058 - 2066 2071 - 2083 3 hole/ft. 2092 - 2102				DEPTH INTERVAL (MD) 2058 - 2102 AMOUNT AND KIND OF MATERIAL USED 350,000 Nitrogen			
33. PRODUCTION							
DATE FIRST PRODUCTION Start in 4/28/83		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 4/28/83	HOURS TESTED 24	CHOKE SIZE Open	PROD'N. FOR TEST PERIOD →	OIL—BBL. 40	GAS—MCF. Tsim	WATER—BBL. 880	GAS-OIL RATIO N/A
FLOW. TUBING PRESS.	CASING PRESSURE 150	CALCULATED 24-HOUR RATE →	OIL—BBL. 40	GAS—MCF. Tsim	WATER—BBL. 880	OIL GRAVITY-API (CORR.) 40°	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
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 <i>Richard Herman</i>				TITLE Office Manager		DATE 3/19/85	

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

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 33.

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 depth measurements 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) (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: "Scale 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.)

31. 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Lewis	Surface	
				Cliff House	1090'	
				Menefee	1157'	
				Point Lookout	2055'	
				TD	2210'	