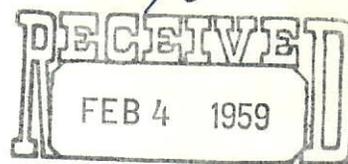




00565975

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



OIL & GAS
CONSERVATION COMMISSION

WELL COMPLETION REPORT

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 Rangely Area Operator William H. Carpenter
County Rio Blanco Address 321 C.A. Johnson Bldg.
City Denver State Colorado

Lease Name U. S. Gov't. Carpenter Well No. 1 Derrick Floor Elevation 5250
Location NW/4 SE/4 Section 11 Township 1N Range 102W Meridian 6th P.M.
1445 feet from S Section line and 1395 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 None; Gas None
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 2/3/59 Signed George C. [Signature]
Title _____

The summary on this page is for the condition of the well as above date.
Commenced drilling 1/12, 1959 Finished drilling 1/23, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	24#	-	217.24'	55	22 hrs.	-	-

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	AJJ
					DVR
None					WRS
					HHM
					IAM
TOTAL DEPTH <u>3927</u>					FJP
PLUG BACK DEPTH _____					JD
Oil Productive Zone: From <u>None</u> To _____					FILE

Gas Productive Zone: From None To _____ Date _____, 19____
Electric or other Logs run No
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		
	None					

Results of shooting and/or chemical treatment: _____

DATA ON TEST Dry Hole - Temporarily suspended well capped.

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)

