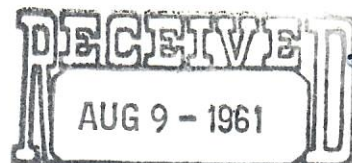




00599657

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 Xenia Operator B. F. Allison Drilling Company
County Washington Address Graham, Texas
City _____ State _____

Lease Name W. O. Sheibley Well No. 3 Derrick Floor Elevation 4450'
Location NWNE Section 10 Township 2N Range 54W Meridian 6E
330 feet from N Section line and 990 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 2; 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 8/5/61 Signed M. J. Hammond
Title Office Manager

The summary on this page is for the condition of the well as above date.
Commenced drilling 11/9/59, 19____ Finished drilling 11/14/59, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	28#	D	105'	100	12 Hrs.		
5 1/2"	14#	J-55	4785'	100	36 Hrs.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone To
Jet	4	4765	4768

TOTAL DEPTH 4785 PLUG BACK DEPTH _____

Oil Productive Zone: From 4765 To 4769 Gas Productive Zone: From _____ To _____
Electric or other Logs run Lane Wells Date 11/14/59, 19____
Was well cored? Yes 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		
2/6/60	Sandfrac	10,000#	4765	4768	J Sand	

Results of shooting and/or chemical treatment: Negative

DATA ON TEST

Test Commenced _____ A.M. or P.M. _____ 19____ Test Completed _____ A.M. or P.M. _____
For Flowing Well: For Pumping Well:
Flowing Press. on Csg. _____ lbs./sq.in. Length of stroke used _____ inches
Flowing Press. on Tbg. _____ lbs./sq.in. Number of strokes per minute _____
Size Tbg. _____ in. No. feet run _____ Diam. of working barrel _____ inches
Size Choke _____ in. Size Tbg. _____ in. No. feet run _____
Shut-in Pressure _____ 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	3875	4260	
Carlile	4260	4582	
Bentonite	4582	4672	
D Sand	4672	4747	
J Sand	4747	4785	Total Depth