

OIL AND GAS COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

RECEIVED
AUG 12 1963

INSTRUCTIONS

OIL & GAS
CONSERVATION COMMISSION

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 W. H. Gaddis
County Logan Address Suite 1500, 1700 Broadway
City Denver 2 State Colorado
Lease Name Olson Well No. 1 Derrick Floor Elevation 4231
Location C NE NW Section 15 Township 10N Range 53W Meridian 6th
(quarter quarter)
660 feet from N Section line and 1984 feet from W Section line
N or S

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 August 9, 1963

Signed Robert W. Hoff
Title Exploration Mgr.

The summary on this page is for the condition of the well as above date.

Commenced drilling July 18, 19 63 Finished drilling July 25, 19 63

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>186'</u>	<u>140</u>			

CASING PERFORATIONS

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

TOTAL DEPTH 5378' (log) LW PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run IES & ML Date July 25, 19 63
Was well cored? no Has well sign been properly posted? Yes

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. _____

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? _____

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)

DVR	<input checked="" type="checkbox"/>
WRS	
HHM	
JAM	
FJH	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
FILE	

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 RECORD

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	4134'		No cores or tests.
Carlisle	4506'		
Greenhorn	4702'		
Bentonite	4877'		No shows in samples
Muddy "D"	4972'		
Dakota "J"	5079'		
Lakota "O"	5326'		
T.D.		5376'	