

**RECEIVED**  
JUL 29 1958

**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 Wildcat Operator Shawnee Oil Company 77925  
County Logan Address 321 Empire Building  
City Denver 2 State Colo.

Lease Name State of Colorado "P" Well No. 1 Derrick Floor Elevation 4060 K.B.  
Location C SW NE Section 35 Township 8 N Range 52 W Meridian 6 P.M.  
(quarter quarter)  
1980 feet from N Section line and 1980 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 -0-; Gas -0-  
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 July 24, 1958 Signed Frank L. Pring  
Title Petroleum Engineer

The summary on this page is for the condition of the well as above date.  
Commenced drilling 7-18-58, 19 Finished drilling 7-21-58, 19

**CASING RECORD**

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24#	H-40	134'	75	12	12	500#

**CASING PERFORATIONS**

Type of Charge	No. Perforations per ft.	Zone	
		From	To
	NONE		

TOTAL DEPTH	4520	PLUG BACK DEPTH	--
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Oil Productive Zone: From none To -- Gas Productive Zone: From none To --  
Electric or other Logs run yes Date 7-21-58, 19  
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**

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. Length of stroke used   inches.  
Flowing Press. on Tbg.   lbs./sq.in. D & A 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?

TEST RESULTS: Bbls. oil per day <u> </u> API Gravity <u> </u>
Gas Vol. <u> </u> Mcf/Day; Gas-Oil Ratio <u> </u> Cf/Bbl. of oil
B.S. & W. <u> </u> %; Gas Gravity <u> </u> (Corr. to 15.025 psi & 60°F)

AJ  
DVR  
WRS  
HHM  
JAM  
FJP  
JJD  
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.

## INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	3535'		
Carlile	3923		
Greenhorn	4130		
Bentonite	4272		
"D" Sand	4366		
"J" Sand	4468		
Skull Creek	4515		
T.D.	4520		

## CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKE. GMT.	W.O.C.	PRESSURE TEST
8-5/8	24#	H-40	134'	75	12	500#

## CASING PERFORATIONS

TYPE OF CHANGE	NO. PERFORATIONS PER FT.	GAS PROTECTIVE ZONE		PLUG BACK DEPTH	TOTAL DEPTH
		From	To		
NONE					4520

## RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		REMARKS
			From	To	

## DATA ON TEST

Test Commenced \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_ 19\_\_  
 For Pumping Well: \_\_\_\_\_  
 Flowing Press. on Test \_\_\_\_\_ lbs. sq. in.  
 Flowing Press. on Test \_\_\_\_\_ lbs. sq. in.  
 Size Tpg. \_\_\_\_\_ in. test run  
 Size Clogs \_\_\_\_\_ in.  
 Shut-in Pressure \_\_\_\_\_  
 Depth of Pump \_\_\_\_\_ feet.  
 Size Tpg. \_\_\_\_\_ in. No. test run \_\_\_\_\_  
 Diam. of working barrel \_\_\_\_\_ inches  
 Number of strokes per minute \_\_\_\_\_  
 Length of stroke used \_\_\_\_\_ inches

TEST RESULTS: Bbls oil per day _____	API Gravity _____
Gas Vol. _____ Mcf/day	Gas-Oil Ratio _____
Gas Gravity _____	(Corr. to 15.625 psi & 60°F)

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WELL COMPLETION REPORT

25-1-58

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