

OIL AND GAS
OFCOMMISSION
COLORADORECEIVED
NOV 19 1964
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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 Wildcat Operator William J. Geary
County Larimer Address 514 Mile High Building
City Denver State Colorado
Lease Name Hirsch Well No. 1 Derrick Floor Elevation 4999'
Location SW NE (quarter quarter) Section 31 Township 6N Range 68W Meridian 6th
1940 feet from N Section line and 1750 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 1; Gas _____
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 November 13, 1964Signed William J. Geary
Title Geologist

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

Commenced drilling 10/1/64, 1964 Finished drilling 10/9, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
4-1/2	10.5		4970	30	-	-	-

Open Hole CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		DVR
		From	To	
Open Hole	3	4990	4993	WRS ✓
				HHM
				JAM
				ED
				JJD ✓
				FILE

TOTAL DEPTH 5208

PLUG BACK DEPTH _____

Oil Productive Zone: From 4970 To 5208

Gas Productive Zone: From _____ To _____

Electric or other Logs run IES, Dip, Gr-A1Date 10/9, 1964Was 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		

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:

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?

Testing 5-10 BOPD will submit results latter

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
Hygiene	1300	1600	
Pierre			
Shale	1600	4960	
Niobrara			
Shale	4960	TD	No D.S.T. Samples only in Niobrara oil cut.