

OIL AND

IN COMMISSION
COLORADO

RECEIVED

MAR 30 1970

COLO. OIL & GAS CONS. COMM.

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 TOM VESSELS
County Adams Address 2120 First National Bank Bldg.
City Denver, Colorado State Colorado
Lease Name Kroh No 1-A Well No. 1 Derrick Floor Elevation 5103 GL
Location C NENE Section 22 Township 3S Range 60W Meridian 6
(quarter quarter)
660 feet from N Section line and 660 feet from E Section Line
Nor S E or W

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil -; 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 March 26 1970

Signed [Signature]
Title Agent

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

Commenced drilling March 4, 1970 Finished drilling March 15, 1970

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	28#	H	99	100			

CASING PERFORATIONS

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

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
UD	<input checked="" type="checkbox"/>

TOTAL DEPTH 6549

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run TES & BHC/GR Date March 15, 1970
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. 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)

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	5572		
Timpas	5950		
Carlile	6002		
Greenhorn	6070		
Bentonite	6306		
"D" sand	6398		
"J" sand	6446		
TD	6536		No cores and no tests