

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED
MAR-9 1964



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 F. Core Johnson, et al
 County Logan Address 219 Midland Savings Bldg.
 City Denver 2 State Colo.
 Lease Name Reagan-Fletcher Well No. 1 Derrick Floor Elevation 4061 KB
 Location SW SE Section 4 Township 7N Range 53W Meridian 6
 (quarter quarter)
600 feet from S Section line and 1820 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 _____; 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 3-6-64 Signed [Signature]
 Title Off. Mgr.

The summary on this page is for the condition of the well as above date.
 Commenced drilling 11-22-63, 1963 Finished drilling 11-28-63, 1963

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	2 1/4#		99	100			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
TOTAL DEPTH <u>4734</u>		PLUG BACK DEPTH <u>-0-</u>		

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

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run none Date _____, 19____
 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. 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)

[Handwritten mark]