



# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

## WELL COMPLETION REPORT

**RECEIVED**  
AUG 3 - 1961

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 Midway Operator Horizon Oil & Gas Co.  
County Baca Address Box 998  
City Spearman State Texas

Lease Name Wray Well No. 1-31 Derrick Floor Elevation 3835  
Location C SE/4 Section 31X Township 33S Range 42W Meridian 6th PM

1320 feet from S Section line and 1320 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 8-1-61

Signed Paul R. Tracy  
Title Production Superintendent

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

Commenced drilling 4-18, 1961 Finished drilling 4-22, 1961

### CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
	N O N E						

### CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
N O N E				

TOTAL DEPTH 1267 PLUG BACK DEPTH -

Oil Productive Zone: From - To - Gas Productive Zone: From - To -

Electric or other Logs run N O N E 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		
	N O N E					AJJ
						DVR
						WRS

Results of shooting and/or chemical treatment: N O N E

### 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)

**CONFIDENTIAL**

# 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
	0	250	Surface Sand & Shale
	250	425	Red Bed
	425	750	Red Bed Gyp & Sand
	750	1069	Gyp, Shale, & Sand
	1069	1267	Red Bed & Sand
Stone Corral	0	1267	