



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED AUG 3 - 1961

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 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

Drilled on: Private Land [X] Federal Land [ ] State Land [ ] Number of producing wells on this lease including this well: Oil - ; Gas - Well completed as: Dry Hole [X] 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 [Signature] 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

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: N O N E

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From Zone To. Row 1: 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 NONE Date - , 19 - Was well cored? no Has well sign been properly posted? yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Row 1: NONE, AJJ, DVR, WRS

Results of shooting and/or chemical treatment: NONE

DATA ON TEST

Test Commenced A.M. or P.M. 19 Test Completed A.M. or P.M. For Flowing Well: Flowing Press. on Csg. lbs./sq.in. For Pumping Well: Length of stroke used inches. Number of strokes per minute. Diam. of working barrel inches. 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)

CONFIDENTIAL

(Handwritten circled 'R')

(Handwritten signature/initials)

## 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   |
|---|--------------------------------|-----------------------------------|---|
| [Faint mirrored text]<br>0<br>250<br>425<br>750<br>1069 | 0<br>250<br>425<br>750<br>1069 | 250<br>425<br>750<br>1069<br>1267 | Surface Sand & Shale<br>Red Bed<br>Red Bed Gyp & Sand<br>Gyp, Shale, & Sand<br>Red Bed & Sand |
| Stone Corral<br>[Faint mirrored text]                   | 0                              | 1267                              | [Faint mirrored text]   |