

API 05 009 05102

13

RECEIVED JUN 27 1962



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

OIL & GAS CONSERVATION COMMISSION

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 (Unnamed) Waleto Operator Henry Frost Oil Properties, Inc. County Baca Address 1306 Davis Bldg. City Dallas 2, State Texas

Lease Name John Griffin Well No. 1 Derrick Floor Elevation 3939 Location C SW/4 SW/4 Section 15 Township 32S Range 43W Meridian 6N 660 feet from S Section line and 660 feet from W Section Line

Drilled on: Private Land [x] Federal Land [ ] State Land [ ] Number of producing wells on this lease including this well: Oil 0; Gas 1 Well completed as: Dry Hole [ ] Oil Well [ ] Gas Well [x]

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 6-22-62 Signed Henry W. Frost Title General Partner

The summary on this page is for the condition of the well as above date. Commenced drilling 4-30, 1962 Finished drilling 5-14, 1962

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Rows include 8-5/8 and 2-7/8 casing sizes.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a list of perforation logs (AJJ, DVR, WRS, HHM, JAM, FJP, JJD, FILE) with checkmarks.

Oil Productive Zone: From Induction and Sonic To Induction and Sonic Gas Productive Zone: From 3146 To 3162 Electric or other Logs run Induction and Sonic Date May 14, 1962 Was well cored? No Has well sign been properly posted?

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Rows show treatments with MSA Acid and HCl Acid.

Results of shooting and/or chemical treatment: 5000 gal. treatment increased production from 550 MCF/day to 2,000 MCF/day.

DATA ON TEST

Test Commenced 6-13 1962 Test Completed 19 For Flowing Well: (Tested thru 2-7/8" csg.) For Pumping Well: Flowing Press. on Csg. 356 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 5/16 in. Size Tbg. in. No. feet run Shut-in Pressure 407.0# 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?

Violation - late

TEST RESULTS: Bbls. oil per day, API Gravity, Gas Vol. 716 Mcf/Day, Gas-Oil Ratio, B.S. & W., Gas Gravity .770 (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

gas 13

4 Point back-pressure test - Open Flow 2,400 MCF per day

JUN 25 1982

# 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	580	Sand & Shale
	580	1172	Red beds & anhydrite
	1172	1558	Sand, shale, & anhydrite
	1558	1570	Shale & anhydrite
	1570	2733	Sand & red shale
	2733	3084	Limestone & shale
Topeka	3084	3105	Dense limestone
	3105	3145	Shale with some limestone
	3145	3162	Limestone, fine crystalline, chalky, with pin point porosity (Gas Pay)
	3162	4850	Limestone and shale
Atoka	4850	4865	Sandstone, coarse, angular, and porous. DST #1 - 4832-4870 open 1 hour Recovered 1000 ft. gas cut salt water. BHFP 135-777# BHSIP 1223-1129#
	4865	4880	Limestone
Morrow	4880	5265	Shale
Keyes	5265	5358	Sandstone
Chester	5358	5398	Shale
St. Genevieve	5398	5500	Limestone
	TD	5500	



ALL
DVR
WRS
HMA
JAM
FB
LD
FLC

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

WELL NO: \_\_\_\_\_

DEPTH: \_\_\_\_\_

TYPE OF TREATMENT: \_\_\_\_\_

AMOUNT OF CHEMICAL USED: \_\_\_\_\_

REMARKS: \_\_\_\_\_

DATA ON TEST

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

WELL NO: \_\_\_\_\_

DEPTH: \_\_\_\_\_

TEST TYPE: \_\_\_\_\_

RESULTS: \_\_\_\_\_

REMARKS: \_\_\_\_\_