



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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 Pinneo Operator Wytex Oil Corporation
 County Morgan Address 715 Bank of Commerce Building
 City Houston 2 State Texas
 Lease Name Government #0624 Well No. 4A-15 Derrick Floor Elevation 4517
 Location C SE SE Section 15 Township 2 N Range 55 W Meridian 6 th
 (quarter quarter)
660 feet from S Section line and 648 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 1; 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 November 20, 1956
 Signed W. A. McKenna, Jr.
 Title Agent

The summary on this page is for the condition of the well as above date.
 Commenced drilling 10-20, 1956 Finished drilling 10-24, 1956

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24	J-55	82	100	8		
4 1/2	9.5	J-55	5102	150	12		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
jet	6 per foot	4973		4976
		4981		4985

TOTAL DEPTH	5102	PLUG BACK DEPTH	5102
	4973		4975

Productive Zone: From 4981 To 4985 Gas Productive Zone: From _____ To _____
 Electric or other Logs run yes Date 10-24, 1956
 Was well cored? yes 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: For Pumping 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. 4 1/2 in. No. feet run 5102 Diam. of working barrel _____ inches
 Size Choke _____ in. Size Tbg. _____ in. No. feet run _____
 Shut-in Pressure _____ Depth of Pump _____ feet.
 Flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? _____

TEST RESULTS: Bbls. oil per day 120 API Gravity 42
 Gas Vol. _____ Mcf/Day; Gas-Oil Ratio _____ Cf/Bbl. of oil
 B.S. & W. 2 %; 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
Nobrarara	4135		
Ft. Hays	4492		
Carlile	4547		
Greenhorn	4636		
D	4964		
J	5040		
T D	5104		