

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED
APR 21 1958

WELL COMPLETION REPORT

INSTRUCTION



OIL & GAS CONSERVATION COMMISSION

Within thirty (30) days after the completion of any well, the owner of the well shall submit 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 H. L. Hunt, Separate
County Morgan Address 700 Merc. Bank Bldg.
City Dallas 1, State Texas

Lease Name Arthur Peterson et. al. Well No. 4 Derrick Floor Elevation 4365.2
Location NW SW NW Section 35 Township 2N Range 56W Meridian 6
1781 feet from N Section line and 467 feet from W 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 None; 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 April 18, 1958 Signed L. R. Stockard
Title Field Supt.

The summary on this page is for the condition of the well as above date.
Commenced drilling March 25, 1958 Finished drilling March 30, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8 5/8"</u>	<u>24#</u>	<u>J55</u>	<u>105'</u>	<u>75</u>	<u>24</u>		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To

TOTAL DEPTH 5104' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction Electrical from 105' to 5104' Date March 30, 1958
Was well cored? NO Has well sign been properly posted? _____

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. _____ 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? _____

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)

SEE REVERSE SIDE
FJP
JJD
FILE

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
Niobrara	4230'		
FT. Hayes	4608'		
Bentonite			
Marker	4970'		
Dakota "D"	5065'		
<p style="font-size: small;">(B) copies of this form are to be retained by the operator and one copy to be filed in the well log book. This information will be kept confidential for the operator's use only.</p>			

DATA ON TEST

DATE	WELL IDENTIFICATION	QUANTITY	TYPE	REMARKS