

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
MAY 27 1965
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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 Wildcat Operator Buttes Gas & Oil Company
County Weld Address 2150 Franklin Street
City Oakland State California

Lease Name John Nicklas Well No. 1 ~~Derrick Floor~~ Elevation 4405' K.B.
Location NW/4 SE/4 Section 13 Township 9 N. Range 56 W. Meridian 6th P.M.
(quarter quarter)
1980 feet from S Section line and 2070 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 May 25, 1965Signed Phil Chavell
Title Stuarco Oil Company, Inc., Dist. Mgr.

The summary on this page is for the condition of the well as above date.
Commenced drilling May 6, 1965 Finished drilling May 12, 1965

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24#/ft.	J-55	113'	90 sx.	Yes	12 hrs.	

CASING PERFORATIONS

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

TOTAL DEPTH 5750' Driller, 5252' Log PLUG BACK DEPTH 30' to Surface

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction Electrolog and Minilog Date May 12, 1965
Was well cored? Yes (2) 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? _____

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)

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
<u>FORMATION TOPS:</u>			<u>Top</u>
Niobrara			4769
Carlile			5141
Greenhorn			5268
Bentonite			5457
"D" Sand			5562
Base of Porosity, "D1" Sand			5576
"J" Silt			5646
"J" Sand			5667
<u>ONEDRILL STEM TESTS:</u> 5561-5564'.			See attached Geological Report for details.
<u>CORE NO. 1:</u> 5562-79'			See attached Geological Report for details.
<u>CORE NO. 2:</u> 5579-5610'			
Attached are copies of Final Prints of Lane Wells Induction Electrolog and Minilog, Drilling Time Log, and Geological Report.			