



00052414

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 Wildcat Operator Drs. Hickerson, Green & Liddell, Partners
County Grand Address 109 Fourth Street SW, Albuquerque, N. M.
City _____ State _____

Lease Name Government Well No. 1 Derrick Floor Elevation _____
Location SW SW 1/4 NE 1/4 Section 9 Township 1N Range 80W Meridian 6th P
(quarter quarter)
2431 feet from N Section line and 2468 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 None; Gas None

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 _____ Signed D. Hickerson
Title _____

The summary on this page is for the condition of the well as above date.
Commenced drilling 5 October, 19 60 Finished drilling 22 May, 19 61

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	25.55		30'	5			
7"	19.45		220'	0			
5 1/2"	14.81		675'	0			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
NONE				

TOTAL DEPTH 840' PLUG BACK DEPTH Ground Level

Oil Productive Zone: From None To _____ Gas Productive Zone: From None 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

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
	None					ALL
						DVR
						WRS
						HHM
						JAM
						FJP
						JJD
						FILE

Results of shooting and/or chemical treatment: _____

No Test Made

DATA ON TEST

Test Commenced A.M. or P.M. 19 61 Test Completed A.M. or P.M. 19 61
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
Top Soil	0'	5'	
Dark Shale	5'	50'	
Light Shale	50'	85'	
Shale	85'	90'	Water Bearing
Light Shale	90'	185'	
Shale	185'	190'	Water Bearing
Dark Shale	190'	400'	
Shale	400'	405'	Water Bearing
Dark Shale	405'	815'	
Shale	815'	820'	Water Bearing
Dark Shale	820'	840'	