



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 C 4 Section 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.

Signed [Signature]  
Date \_\_\_\_\_ 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. | Zone |    |
|----------------|--------------------------|------|----|
|                |                          | From | 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 INCHES. |

Results of shooting and/or chemical treatment: \_\_\_\_\_

No Test Made

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 |
|----------------|------|--------|-------------------------|
| 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'   |                         |