

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED FEB - 9 1960

SCANNED WELL COMPLETION REPORT

INSTRUCTIONS



00105156

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 Petro-Lewis, Ltd., & Hickerson-McGulloch Oil Co. County Morgan Address Suite 310, 1700 Broadway City Denver 2, State Colorado Lease Name Schroeder Well No. 1 Elevation 4412' Gr; 4420' KB Location NW SW Section 19 Township 2 North Range 57 West Meridian 6th P.M. 1980 feet from S Section line and 660 feet from W Section Line

Drilled on: Private Land [X] Federal Land [] State Land [] Number of producing wells on this lease including this well: Oil _____; Gas _____ Well completed as: Dry Hole [X] 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 February 8, 1960 Signed [Signature] Title President, LEWIS BROS., INC.

The summary on this page is for the condition of the well as above date. Commenced drilling January 31, 1960 Finished drilling February 6, 1960

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8-5/8", 24#, J-55, 99' KB, 100 sax + 2% CaCl2, 7 1/2.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a vertical list of names: AJJ, DVR, WRS, HHM, JAM, FJP, JJD, FILE.

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____ Electric or other Logs run Yes Date February 5, 1960 Was well cored? Yes Has well sign been properly posted? _____

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Row 1: None.

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: Flowing Press. on Csg. _____ lbs./sq.in. Flowing Press. on Tbg. _____ lbs./sq.in. Size Tbg. _____ in. No. feet run _____ Size Choke _____ in. Shut-in Pressure _____ For Pumping Well: Length of stroke used _____ inches. Number of strokes per minute _____ Diam. of working barrel _____ inches. Size Tbg. _____ in. No. feet run _____ 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

