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OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED FEB 25 1963

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 Kimbark Exploration Company 47700
County Washington Address 201 University Blvd.
City Denver 6 State Colorado
Lease Name State "B" Well No. 1 Derrick Floor Elevation 4514' K.B.
Location SE NW NE Section 16 Township 3 S Range 50 W Meridian 6th
985 feet from N Section line and 1664 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 0; Gas 0
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 2/21/63 Signed W. K. Arbuckle, President
Title W. K. Arbuckle, President

The summary on this page is for the condition of the well as above date.
Commenced drilling 2/14, 19 63 Finished drilling 2/18, 19 63

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi)

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To

TOTAL DEPTH 3973' PLUG BACK DEPTH

Oil Productive Zone: From To Gas Productive Zone: From To
Electric or other Logs run Ind-El Date 2/18, 19 63
Was well cored? No 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

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.
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
"D"	3854'	3890'	Wet
"J"	3908	--	Wet
			No Cores or DST