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OIL & GAS
CONSERVATION COMMISSION

**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 ~~DORADO~~ Operator Allison Drlg. Co., Inc. & R.E. Hibbert
 County Washington Address 910 Western Federal Svgs. Bldg.
 City Denver State Colorado

Lease Name Friend Well No. 1 Derrick Floor Elevation 4569
 Location SE NE Section 20 Township 3S Range 50W Meridian 6
 (quarter quarter)
1980 feet from N Section line and 660 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 9-15-64 Signed Dan Wickham
 Title Agent

The summary on this page is for the condition of the well as above date.
 Commenced drilling 8-5, 1964 Finished drilling 8-9, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24	D	276	220	24		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		DVR
		From	To	
				WRS
				HHM
				JAM
				FJP
				JJD
				FILE

TOTAL DEPTH 4025 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run _____ Date _____, 19____
 Was well cored? _____ 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)

