



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 Wytex Oil Corp. & W. C. McBride, Inc.
County Logan Address 715 Bank of Commerce Bldg.
City Houston 2 State Texas
Lease Name Hawkins Well No. 1 Derrick Floor Elevation 4221
Location C NW NW Section 31 Township 8N Range 53W Meridian 6th P.M.
(quarter quarter)
660 feet from N Section line and 663 feet from W 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 _____; 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 6-7-57

Signed W. A. McKenna, Jr.
Title Agent

The summary on this page is for the condition of the well as above date.
Commenced drilling 5-20, 19 57 Finished drilling 5-28, 19 57

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24#	J-55	126	150	8		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		AJJ	DVR	FIR	SIS	HIN	JUN	JUD	E10	57
		From	To									
TOTAL DEPTH <u>5077</u>		PLUG BACK DEPTH _____										
Oil Productive Zone: From _____ To _____		Gas Productive Zone: From _____ To _____										
Electric or other Logs run _____ yes		Date <u>5-28</u>										
Was well cored? <u>yes</u>		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 _____

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)

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WES-8N-S3W

FORMATION TOPS

Niobrara 4044

Ft. Hays 4368

Carlile 4428

Greenhorn 4622

Brown Lime 4789

D 4878

J 4974

TD 5077

CAVING OPERATIONS

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RECORD OF SHOOTING AND OF CHEMICAL TREATMENT

REMARKS	FORMATION	DATE	TIME	LOCATION	REMARKS

DATA ON THIS

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