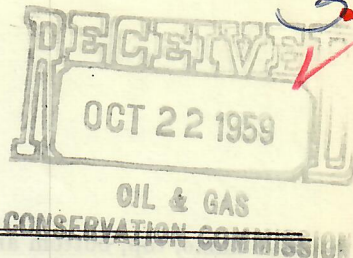




02528915

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 Elm Grove Operator Glen Perkins Oil, Inc.
County Logan Address 830 First National Bank Bldg.
City Denver State Colorado
Lease Name State Well No. 1A Derrick Floor Elevation 4047
Location NE NW Section 21 Township 6N Range 53W Meridian 6th
660 (quarter quarter) feet from N Section line and 1980 feet from W Section Line
N or S Nor 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 October 9, 1959Signed L. C. Fair
Title Geologist

The summary on this page is for the condition of the well as above date.

Commenced drilling October 1, 1959 Finished drilling October 6, 1959

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	170' K. B.	125	8 hrs.	None	

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	AJJ	FILE
					DVR	
					WRS	
					HFM	
					JAM	
					FJD	
					JJD	

TOTAL DEPTH 4703

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction Date October 6th, 1959
Was well cored? Yes 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: 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

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
Niobrara	3712		
Ft. Hays	4026		
Carlile	4068		
Greenhorn	4298		
"D" sand	4507		
"J" sand	4598		
Total Depth	4703		

Core #1 - Interval 4518-48' - Full recovery