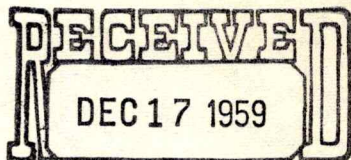




99999999

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



075-06689

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 HLM Drilling Company
County Logan Address 504 Colorado Building
City Denver 2 State Colorado
Lease Name Fluharty Well No. 1 Derrick Floor Elevation 4095
Location C SE NE Section 31 Township 10N Range 52W Meridian 6th
(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 12-16-59

Signed D.C. Wenslow
Title AGENT

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

Commenced drilling Dec.4, 1959 Finished drilling Dec.10, 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	166	100			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To

TOTAL DEPTH 4930

PLUG BACK DEPTH _____

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 _____, 19____

Was well cored? No 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



00788806

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)

FORMATION RECORD

P 2240-250

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	3868	4200	Speckled shale & limestone
Ft. Hays	4200	4253	Chalky limestone
Carlile	4253	4480	Silty shale
Greenhorn	4480	4490	Brown, sugary limestone
Graneros	4490	4722	Bentonitic shale
"D" Sand	4722	4772	White sandstone, water bearing, no shows of oil or gas
Huntsman	4772	4846	Silty shale
"J" Sand	4846	4930	White sandstone, water bearing no shows of oil or gas
Total Depth	4930		No cores or tests.