



OGCC Form 5

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
JUN-1 1964

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 Hoosier Oil Company, Inc., & Davis Drlg., Inc.
County Bent Address 313 South Fifth Street
City Lamar State Colorado

Lease Name Etchart Well No. 1-4 Derrick Floor Elevation 4242
Location Center SW/4 SW/4 Section 4 Township 24S Range 53W Meridian 6th P.M.
(quarter quarter)
660 feet from S Section line and 660 feet from W 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 5-28-64Signed [Signature]
Title Secretary

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

Commenced drilling 5-6, 19 64 Finished drilling 5-27, 19 64

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8-5/8</u>	<u>24</u>	<u>J-55</u>	<u>456'</u>	<u>275</u>	<u>16 hrs.</u>		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		FILE
		From	To	
				DVR
				WRS
				HHM
				JAM
				FJP
				JJD
				FILE
TOTAL DEPTH <u>5800</u>		PLUG BACK DEPTH <u>700'</u>		

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____

Electric or other Logs run Sonic & Induction Date 5-27, 19 64Was well cored? no Has well sign been properly posted? no

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? _____

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)