

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO
WELL COMPLETION REPORT

RECEIVED
OCT 23 1957
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 Brack Drilling Company, Inc.
County Logan Address P. O. Box 575
City Fort Collins State Colorado
Lease Name Fred T. Fetzer Well No. 1 Derrick Floor Elevation 4133'
Location C SE SW Section 27 Township 7N Range 48W Meridian 6th P.M.
660 feet from S Section line and 1980 feet from S 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 10-21-57 Signed Leland E. Brack
Title Leland E. Brack, President

The summary on this page is for the condition of the well as above date.
Commenced drilling 10-12-57, 1957 Finished drilling 10-18-57, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	28#	Used	241'	130	24 hrs.		

CASING PERFORATIONS

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

TOTAL DEPTH 4128 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. _____
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? _____

AJJ
DVR
EJK
WRS
HHA
AH
JJD
FILE
19

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

27-7N-48W

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	3050'		
Carlile	3500'		
Greenhorn	3718'		
"D" Sand	3904'		
"J" Sand	4020'		
Skull Creek	4090'		
T. D.	4128'		

DATE	WT PER FT	GRAB	DEPTH LAMBD	AD. SEC. CRT.	W.O.C.	PRESSURE TEST
10-21-27	28#	Used	241'	130	24 hrs.	

DATE	QUANTITY	SHELL EXPLOSIVE OR CHEMICAL USED	FORMATION

DATA ON TEST

Test Completed: _____ A.M. or P.M. on _____
 For Pumping Well: _____
 Length of stroke used: _____ inches
 Number of strokes per minute: _____
 Diameter of working barrel: _____ inches
 Size of _____ in No. test run: _____
 Depth of Pump: _____ feet

If flowing well, did this well flow for the entire duration of the test without the use of soap or other artificial flow device? _____
 Shut-in Pressure: _____
 Size of _____
 Flowing _____ in No. test run _____
 Flowing _____ on top _____
 Flowing _____ on top _____
 Shut-in Pressure: _____

TEST RESULTS: Bbl. oil per day _____
 Gas Vol _____
 M.O.D. _____
 Gas Gravity _____
 (Conv. to 14.7 psia & 60°F)