

16 only

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JAN 13 1958

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

WELL COMPLETION REPORT

~~CONFIDENTIAL~~

OIL & GAS

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 County JACKSON Operator BILL TOMBERLIN Address PATTERSON BLDG City DENVER State COLO



Lease Name HILLSLAND & CATTLE CO Well No. 1 Derrick Floor Elevation 8888 Location C SE SE Section 32 Township 6N Range 79W Meridian 6th
660 feet from S Section line and 660 feet from E Section Line

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 Temporarily aban.

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 1-10-58 Signed [Signature] Title asst to Bill Tomberlin

The summary on this page is for the condition of the well as above date.
Commenced drilling Dec 4, 1957, 19 Finished drilling Jan 7, 1958, 19

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	24#	N--80	80feet	cem to surf.	12hr		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
none			

TOTAL DEPTH _____ PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From 858 To 1040
Electric or other Logs run yes Date 1-4-58
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		
	none					

Results of shooting and/or chemical treatment: none

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. 2,000 Mcf/Day; Gas-Oil Ratio dry Cf/Bbl. of oil _____
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

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