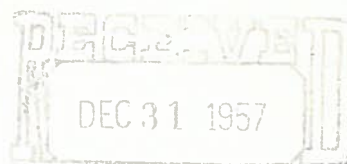




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OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADOOIL & GAS  
CONSERVATION COMMISSION

## 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 Tow Creek Operator The Texas Company  
County Routt Address \_\_\_\_\_  
City Hamilton State Colo.  
Lease Name State Peterson Well No. 2 Derrick Floor Elevation 6962  
Location C NW 1/4 NE 1/4 SW 1/4 Section 18 Township 6N Range 86W Meridian 6th  
(quarter quarter)  
3016 feet from N Section line and 1571 feet from W Section Line  
Nor S E or W

Drilled on: Private Land ☐ Federal Land ☐ State Land ☒  
Number of producing wells on this lease including this well: Oil 1; 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 12-19-57Signed H. S. McMin  
Title District Superintendent

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

Commenced drilling June 10, 19 57 Finished drilling November 9, 19 57

## CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>13-3/8</u>	<u>48#</u>	<u>H-40</u>	<u>105</u>	<u>131</u>			
<u>5 1/2</u>	<u>14#</u>	<u>J-55</u>	<u>2470 - 3064</u>	<u>100</u>			

## CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
<u>None</u>				

TOTAL DEPTH 3800 PLUG BACK DEPTH Surface

Oil Productive Zone: From None To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
Electric or other Logs run None Date \_\_\_\_\_, 19 \_\_\_\_\_  
Was well cored? No Has well sign been properly posted? Yes

## RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
	<u>None</u>					

Results of shooting and/or chemical treatment: \_\_\_\_\_

## DATA ON TEST

Test Commenced A.M. or P.M. None 19 57 Test Completed A.M. or P.M. None 19 57

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

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
Mancos	Surface	2685	Black shale
Niobrara	2685	TD 3800	Black shale