



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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
 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 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.

Signed H. S. McMin
 Title District Superintendent

Date 12-19-57

The summary on this page is for the condition of the well as above date.
 Commenced drilling June 10, 1957 Finished drilling November 9, 1957

CASING RECORD

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

CASING PERFORATIONS

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

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		
	None					

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced _____ A.M. or P.M. None 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)

