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

RECEIVED 7  
AUG 30 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	Raymond Oil Co.						
County	Weld	Address	855 Petroleum Club Bldg.						
		City	Denver 2,	State	Colorado				
Lease Name	Ticen-Prose	Well No.	1	Derrick Floor Elevation	5472'				
Location	C SW NE	Section	32	Township	9N	Range	67W	Meridian	6th
	2043	(quarter quarter)	feet from North	Section line and	1980	feet from East	Section Line	N or S	E or W
Drilled on:	Private Land	<input checked="" type="checkbox"/>	Federal Land	<input type="checkbox"/>	State Land	<input type="checkbox"/>			
Number of producing wells on this lease including this well:	Oil	None	; Gas	None					
Well completed as:	Dry Hole	<input checked="" type="checkbox"/>	Oil Well	<input type="checkbox"/>	Gas Well	<input type="checkbox"/>			

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 August 29, 1957  
Signed Charles S. Peters  
Title Geologist

The summary on this page is for the condition of the well as above date.  
Commenced drilling July 20, 19 57 Finished drilling July 25, 19 57

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
9-5/8	32.30	New J 55	177'	125	12 hrs.		

CASING PERFORATIONS

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

TOTAL DEPTH	5,000'	PLUG BACK DEPTH	
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Oil Productive Zone: From To Gas Productive Zone: From To  
Electric or other Logs run Electrid & MicroLog Date July 25, 19 57  
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:

DATA ON TEST

Test Commenced	A.M. or P.M.	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.	NONE	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
Hygiene	3720'	5002'	Sand and shale

No cores or drill stem tests taken.