

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED
FEB 8 1957

WELL COMPLETION REPORT

**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 Walter W. Miracle & R. M. Fifer
County _____ Address 1636 Welton St., Suite 200
City Denver 2 State Colorado
Lease Name Phelps Well No. 1 Derrick Floor Elevation 4301
Location C-NE/NE Section 34 Township 12N Range 50W Meridian 6
(quarter quarter)
660 feet from N Section line and 660 feet from E 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 None; Gas None
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 February 7, 1957 Signed *Walter D. Smith*
Title Partner

The summary on this page is for the condition of the well as above date.
Commenced drilling November 28, 19 56 Finished drilling December 5, 19 56

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24#	H-40	211'	175	24 Hrs.		400#

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	FJK
					WRS
					HHM
					AH
TOTAL DEPTH <u>4708'</u>					JUD
PLUG BACK DEPTH _____					FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run E Log M Log _____ Date December 5, 19 56
Was well cored? Yes _____ 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		

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:

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

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
Tertiary	0'	190'	
Niobrara	3689'		
Carlile	4069'		
Brown Lime	4408'		
"D" Sand	4504'		
"J" Sand	4619'		
Skull Creek	4695'		

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	TIME	PRESSURE TEST
8 5/8	24	H-40	211'	175	24 Hrs.		4000

[illegible][illegible]

NOTES