



00265364

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 Wildcat Operator Howard W. Cox, Jr.
County Jackson Address 818 South Coast, Houston, Texas
City _____ State _____
Lease Name Newton-Government Well No. 1 Derrick Floor Elevation 8091
Location SW/SE Section 10 Township 9N Range 78W Meridian _____
(quarter quarter)
660 feet from S Section line and 1980 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 _____; Gas _____
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 June 18, 1959 Signed Howard W. Cox, Jr.
Title Geologist

The summary on this page is for the condition of the well as above date.
Commenced drilling May 12, 1959 Finished drilling June 11, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>10 3/4</u>	<u>24</u>		<u>286</u>	<u>211</u>	<u>18 hrs</u>		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To		
					AJJ	
					DVR	
					WRS	
					HHM	
					JAM	
					FJP	
					JJD	
					FILE	

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Electric and dipmeter Date June 11, 1959
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		

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.

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
Pierre	surface	3010	shale
Niobrara	3010	3310	speckled shale
Carlisle	3310	3700	shale
Frontier	3700	3770	sand
Benton	3770	4340	shale
Muddy	4340	4385	sand
Thermopolis	4385	4440	shale
Dakota	4440	4470	sand
Fuson	4470	4526	shale
Lakota	4526	4583 TD	shale