

BEST IMAGE
AVAILABLE

MAY 24 1966

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

MAY 12 1966

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 Brandon Operator J. M. HUBER CORPORATION
 County Kiowa Address P. O. Box 831
 City Borger State Texas
 Lease Name BERTHA Well No. 1 Derrick Floor Elevation _____
 Location C 34 34 Section 10 Township 19S Range 45W Meridian _____
 (quarter quarter) feet from 660 Section line and 660 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 None; 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 5-11-66 Signed Bill Hood
 Title Production Clerk

The summary on this page is for the condition of the well as above date.
 Commenced drilling 4-12-66, 19____ Finished drilling 5-5, 1966

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8-5/8"</u>	<u>24 1/2</u>	<u>J-55</u>	<u>308'</u>				<u>1000</u>

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To

TOTAL DEPTH 4850'

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run _____ Date _____, 19____
 Was well cored? _____ 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		

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)

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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
Sand, Shale	0	175	
Shale & Lime	175	310	
Shale, Shells, Anhydrite	310	1406	
Shale, Anhydrite			
Red Bed	1406	2055	
Red Bed, Salt, Anhydrite	2055	2680	
Dolomite, Lime	2680	2955	
Shale	2955	3230	
Lime & Shale	3230	3493	
Lime & Shale	3493	3608	
Lime & Shale	3608	3795	Top Toronto @ 3571'
Lime	3795	3862	Top Lansing @ 3640'
Shale & Lime	3862	4050	
Lime & Shale	4050	4309	Top Marmaton @ 3942'
Shale, Lime	4309	4571	Top Cherokee @ 4076'
Lime	4571	4663	Top Morrow @ 4322'
Shale & Lime	4663	4743	Top Mississippian @ 4496'
Lime, Shale	4743	4850	
			TD