

RECEIVED
JAN 27 1964OIL & GAS
CONSERVATION COMMISSIONOIL 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 Pawnee Creek Operator Maverick Oil Company
County Logan Address 708 Midland Savings Building
City Denver State Colorado
Lease Name Thornton Well No. 2 Derrick Floor Elevation 4119 KB
Location SENSE Section 3 Township 7N Range 54W Meridian 6
660 (quarter quarter) feet from S 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 1; 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 January 25, 1964Signed A. H. Brown
Title President

The summary on this page is for the condition of the well as above date.

Commenced drilling December 28, 1963 Finished drilling January 2, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
8 5/8	24		112'	100 SX	12 hrs	Time	Psi
4 1/2	11.6 & 9.5	J-55	5021. 44KB	150 SX	72 hrs		
(159 jts. 31 @ 11.6-129 @ 9.5)							

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	DVR
crack jets and no-plugs	2	4736.5		4742.5	WRS
					HHM
					JAM
					FJP
					JJD
					FILE
TOTAL DEPTH <u>5052</u>		PLUG BACK DEPTH <u>4976</u>			

Oil Productive Zone: From 4932 To 4962 Gas Productive Zone: From _____ To _____
Electric or other Logs run I-ES-Minnie-Aconstic-Bond-R GR Date 1/2/64 and 1/7/64, 19____
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 8 A.M. or P.M. 1/11 1964 Test Completed 8 A.M. or P.M. 1/12/64 19____
For Flowing Well: For Pumping Well:

Flowing Press. on Csg. 0 lbs./sq.in.
Flowing Press. on Tbg. 55 lbs./sq.in.
Size Tbg. 2 in. No. feet run 4870
Size Choke 28/64 in.
Shut-in Pressure 1094

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?
Yes

TEST RESULTS: Bbls. oil per day 200 API Gravity 40
Gas Vol. _____ Mcf/Day; Gas-Oil Ratio 250-1 Ct/Bbl. of oil
B.S. & W. 1.5 %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

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
See enclosed geological reports for cores, core analysis, DST's, tops and depths.			