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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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 H L M Drilling Company
County Logan Address 504 Colorado Building
City Denver 2. State Colorado

Lease Name Van Gundy Well No. 1 Derrick Floor Elevation 4142
Location C SW SW Section 1 Township 7 N Range 54 W Meridian 6 P.M.
660 feet from S Section line and 660 feet from W 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 0; Gas 0
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 Nov. 4, 1958 Signed H. A. Lasiter
Title H. A. Lasiter, President

The summary on this page is for the condition of the well as above date.
Commenced drilling June 12, 1958, 19 June 17, 1958, 19

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8			138'	125			

CASING PERFORATIONS

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

TOTAL DEPTH 4974 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run yes Date June 17, 1958, 19
Was well cored? yes 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: 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? _____

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

1-7N-54W

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
Niobrara			<u>Schlumberger tops:</u>
Ft. Hays			3963'
Codell			4297
Carlile			4342
Greenhorn			4350
Bentonite			4546
"D" sand			4722
"J" silt			4822
"J" sand			4900
"J ₂ " sand			4920
Total Depth			4956
			4962
			Cored 4924-62, recovered 38' sand and shale, no show
			No drill stem tests were taken.