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OIL AND GAS CONCERN  
OF T

# COMMISSION ADO

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**OIL & GAS  
CONSERVATION COMMISSION**

## INSTRUCTIONS

(3) Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Director three 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 Horizon Oil & Gas Co.  
County Baca Address Box 998  
City Spearmen State Texas  
Lease Name Harris Well No. 1-2 Derrick Floor Elevation 3904  
Location C/NW NW Section 2 Township 33S Range 43W Meridian 6E  
(quarter quarter)  
660 feet from N 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 \_\_\_\_\_; 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 10-20-67

Signed Walt R Tracy  
Title Production Superintendent

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

Commenced drilling 9-29, 1961 Finished drilling 10-17, 1961

## CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7-5/8"	24#	J-55	1197	550	24	30"	500

## CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone To
N O N E			

TOTAL DEPTH 54.75

### PLUG BACK DEPTH

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
Electric or other Logs run IES, Sonic Date 10-18, 1961  
Was well cored? No 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		
N O N E						

Results of shooting and/or chemical treatment:

### DATA ON TEST

Test Commenced _____ 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 _____	Test Completed _____ A.M. or P.M. _____ For Pumping Well: Length of stroke used _____ Number of strokes per minute _____ Diam. of working barrel _____ Size Tbg. _____ in. No. feet run _____ Depth of Pump _____
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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)

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
	0	275	Shale & Sand
	275	700	Shale Sand & Red Bed
	700	1207	Red Bed Shale & Gyp
	1207	1544	Shale & Anhy.
Stone Corral	1544	2730	Lime & Shale
T. Neva	2730	3086	Lime
T. Topeka	3086	4940	Lime & Shale
T. Morrow	4940	5168	Lime Shale & Sand
T. Middle Morrow	5168	5290	Sandy Lime & Shale
T. Keyes	5290	5464	Lime & Shale
T. Miss.	5465	5475	Shale
T. D.	5475		

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