

BEST IMAGE AVAILABLE

OIL AND GAS CONSERVATION COMMISSION OF TEXAS
WELL COMPLETION REPORT



RECEIVED
OCT 23 1961

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 Horizon Oil & Gas Co.
County Baca Address Box 998
City Spearman 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
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 10-20-61 Signed Scott 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"	21#	j-55	550	550	24	30"	500

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
NONE			

TOTAL DEPTH 5475 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run TES, 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		
NONE						

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. _____
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.

AJJ
DVR
WRS
HHM
JAM
JJD
FILE

If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? _____

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)

CONFIDENTIAL

SEE REVERSE SIDE

