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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

OIL & GAS
CONSERVATION COMMISSION

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 Greenwood Operator Horizon Oil & Gas Co.
County Baca Address Box 998
City Spearman State Texas

Lease Name Speaker Well No. 1 Derrick Floor Elevation 3584
Location SE SE NW Section 32 Township 34S Range 41W Meridian 6th PM
2310 feet from N Section line and 2310 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 7-21-61 Signed [Signature]
Title Production Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling 7-11-61, 19 61 Finished drilling 7-18, 19 61

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24#	J-55	620	300	12	30"	1,000

CASING PERFORATIONS

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

TOTAL DEPTH 3100 PLUG BACK DEPTH _____

Oil Productive Zone: From - To - Gas Productive Zone: From - To -
Electric or other Logs run Sonic - Laterolog Date July 19, 19 61
Was well cored? NO 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		
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. 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)

