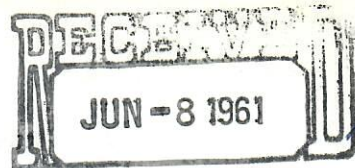


OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

## 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 Wildcat Operator Davis Drlg., Inc.  
County Baca Address Suite 202-04 McBride Bldg.  
City Great Bend, State Kansas  
Lease Name Hefley Well No. 1 Derrick Floor Elevation 4020  
Location Center SW NE Section 34 Township 29S Range 44W Meridian 6th P.M.  
(quarter quarter)  
1980 feet from N Section line and 1980 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 None; Gas None  
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 6-6-61

Signed [Signature]  
Title Sec.

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

Commenced drilling May 9, 19 61 Finished drilling June 1, 19 61

## CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>9-5/8</u>	<u>32#</u>	<u>J-55</u>	<u>437</u>	<u>300</u>			

## CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To		
					<u>AJJ</u>	
					<u>DVR</u>	<input checked="" type="checkbox"/>
					<u>WRS</u>	
					<u>HMM</u>	
					<u>JAM</u>	
					<u>EJP</u>	
					<u>JJD</u>	<input checked="" type="checkbox"/>
					<u>FILE</u>	

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
Electric or other Logs run Induction & Sonic Date June 1, 19 61  
Was well cored? No Coming in Has well sign been properly posted? No

## 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 61 Test Completed A.M. or P.M. 19 61

For Flowing Well:

For Pumping Well:

Flowing Press. on Csg. \_\_\_\_\_ lbs./sq.in. Length of stroke used \_\_\_\_\_ inches.  
Flowing Press. on Tbg. \_\_\_\_\_ lbs./sq.in. Number of strokes per minute \_\_\_\_\_  
Size Tbg. \_\_\_\_\_ in. No. feet run \_\_\_\_\_ Diam. of working barrel \_\_\_\_\_ inches  
Size Choke \_\_\_\_\_ in. Size Tbg. \_\_\_\_\_ in. No. feet run \_\_\_\_\_  
Shut-in Pressure \_\_\_\_\_ 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

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
Neva	2652		
Wabaunsee	3080		D S T #1 3338 - 3555 Shutin 30 min., open 1 hr., Shutin 30 min., Weak Blow 3 min., Recovered 5' Drilling Mud. I B H P 735#, F B H P 500#, I F P 0#, F F P 0#, H D P 1800#.
Topeka	3130		
Morrow	4846		D S T #2 3870 - 3890 Shutin 30 min., open 45 min., shutin 30 min., Weak Blow 45 min., Recovered 225' Muddy Salt Water. I B H P 740#, F B H P 705#, I F P 25#, F F P 110#, H D P 2095#.
Keyes	5226		
Miss.	5386		