

OCT 7 - 1965

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

OIL & GAS CONSERVATION COMMISSION

WELL COMPLETION REPORT

DVR	<input checked="" type="checkbox"/>
WRS	
HHM	
JAM	
FJP	
JJD	<input checked="" type="checkbox"/>

INSTRUC



00104811

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 Maverick Oil Company 1002845
County Morgan Address 630 Midland Savings Building
City Denver State Colorado

Lease Name Peterson Well No. 1 Derrick Floor Elevation 4325
Location NE NW/4 Section 10 Township 2N Range 56W Meridian
660 feet from N Section line and 1976 feet from W Section Line

Drilled on: Private Land [X] Federal Land [] State Land []
Number of producing wells on this lease including this well: Oil None; Gas
Well completed as: Dry Hole [X] 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 October 6, 1965 Signed [Signature] Title Secretary

The summary on this page is for the condition of the well as above date.
Commenced drilling June 26, 1965 Finished drilling July 1, 1965

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8 5/8, 24#, J-55, 120', 80sx, 12, None.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From Zone To

TOTAL DEPTH 5222 PLUG BACK DEPTH

Oil Productive Zone: From To Gas Productive Zone: From To
Electric or other Logs run None Date, 19
Was well cored? None Has well sign been properly posted? Yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS

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: 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
			Geological Report Enclosed