

OCT 7 - 1965

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADOOIL & GAS  
CONSERVATION COMMISSION

## WELL COMPLETION REPORT

INSTRUC

00104811

DVR

WRS

HHM

JAM

FJP

JJD

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  
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 6  
(quarter quarter)  
660 feet from N Section line and 1976 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 None; 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 October 6, 1965Signed Marjorie E. Saelle  
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

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24#	J-55	120'	80sx	12	None	

## CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	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

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\_\_\_\_ 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