



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED
AUG 6 1956

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 Gage & Hudson
County Weld Address 1011 Midland Savings Bldg.
City Denver State Colorado

Lease Name Nicklas Well No. 1 Derrick Floor Elevation 14476
Location SE SE Section 9 Township 9N Range 56W Meridian
(quarter quarter)
660 feet from S Section line and 660 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 0; Gas 0
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.

Signed H. T. Hudson
Title Geologist
Date _____

The summary on this page is for the condition of the well as above date.
Commenced drilling July 14, 1956 Finished drilling July 23, 1956

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
			160'	100	12		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
TOTAL DEPTH <u>5895</u>		PLUG BACK DEPTH _____		

AJJ	
DVR	
FJK	
WRS	
HHM	
AH	
JJD	
FILE	

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Electric-Microlog-Laterlog Date July 23, 1956
Was well cored? Part Has well sign been properly posted? D&A

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? _____

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)