

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED OCT 20 1959 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 Wildcat County Logan Operator Caswell Silver & Four Corners Exploration Address 1430 Denver Club Building City Denver 2, State Colorado Lease Name Hoxie Well No. 1 Derrick Floor Elevation 4212 Location NW NE Section 6 Township 7N Range 53W Meridian 660 feet from N Section line and 1980 feet from E Section Line

Drilled on: Private Land [X] Federal Land [] State Land [] Number of producing wells on this lease including this well: Oil 0; Gas -0- 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 15, 1959 Signed Caswell Silver (Operator) Title Operator

The summary on this page is for the condition of the well as above date. Commenced drilling September 27, 1959 Finished drilling October 5, 1959

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, 32 #, H, 160, 50, 8.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes TOTAL DEPTH: 5086 and PLUG BACK DEPTH: -0-. Includes a vertical list of codes: AU, DVR, VRS, HMA, AM, FJP, JSD, FILE.

Oil Productive Zone: From -0- To Gas Productive Zone: From To Electric or other Logs run Ind-ES and Microlog Date October 5, 1959 Was well cored? Has well sign been properly posted?

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Row 1: none.

Results of shooting and/or chemical treatment:

DATA ON TEST

Test Commenced A.M. or P.M. none 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?

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)

SEE REVERSE SIDE

FORMATION RECORD

6-7N-53W

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
Pierre	862	4030	Shale
Niobrara	4030	4412	Chalk
Carlile	4412	4608	Shale
Greenhorn	4608	4632	Lime and Shale
Graneros	4632	4886	Dark Gray Shale
D Sand	4886	4916	Sand and Shale
Huntsman	4916	4989	Dk, Gy, Shale
Dakota J	4989	T.D.	Sand and Shale