

WELL COMPLETION REPORT

RECEIVED
APR 25 1960
OIL & GAS
CONSERVATION COMMISSION

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	B. F. ALLISON
County	Washington	Address	218 Patterson Bldg.
		City	Denver 2, State Colorado

Lease Name. HANLEY Well No. 1 Derrick Floor Elevation 4804
Location SE NW Section 14 Township 3S Range 56W Meridian 6th PM
(quarter quarter)
1988 feet from N Section line and 1977 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 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 April 22, 1960

Signed D. W. Taylor
Title D. W. Taylor, Geologist

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

Commenced drilling April 16, 1960 Finished drilling April 21, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"		J.55	97 feet	80 sks.			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone To	DVR
				WRS
				HHM
				JAM
				FJP
TOTAL DEPTH 5173				JJD
PLUG BACK DEPTH ---				FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19____
Was well cored? _____ Has well sign been properly posted? _____

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:

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?

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
"D" Sandstone 5034 "J" Sand 5084			Core #1 5082-5121 Rec only 34 feet 2' shale, poker chip 19' sandstone, porous & permeable, water wet, no show. 13' siltstone & shale laminated 5' lost Core analysis attached. <u>No D.S.T.</u>