

Form approved.
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

HURON DRILLING COMPANY, INC.

3. ADDRESS OF OPERATOR

715 FARMERS UNION BLDG., DENVER 3, COLORADO

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1035 FT. FROM NORTH LINE & 1630 FT. FROM EAST LINE

At top prod. interval reported below **SAME AS ABOVE**

At total depth **SAME AS ABOVE**

14. PERMIT NO.	DATE ISSUED
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15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, REB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
12-27-63	1-2-64	1-8-64	6476 DERRICK FLOOR	6479
		22. INTERVALS	ROTARY TOOLS	CABLE TOOLS

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
2455 MD & TVD	2390 MV & TVD		→	0-2455	
					25. WAS DIRECTIONAL

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	PICTURED CLIFFS	25. WAS DIRECTIONAL SURVEY MADE
2208-2212, 2215-2218, 2221-2226, 2232-2236, 2249-2253, 2257-2261, 2267-2274		No
2294-2297, 2300-2314, 2319-2322, 2327-2330		27. WAS WELL CORED

26. TYPE ELECTRIC AND OTHER LOGS RUN	27. WAS WELL CORED
INDUCTION ELECTRICAL LOG & GAMMA RAY CORRELATION LOG	NO

INDUCTION-ELECTRICAL LOG & GAMMA RAY CORRELATION LOG

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24.0	99	12 1/4	80 sk	
4 1/2	16.6	2422	7 7/8	150 sk	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1"	2256	

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2208-2212, 2215-2218, 2221-2226, 2232-2236,	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2249-2253, 2257-2261, 2267-2274, 2294-2297,	2208 TO 2330	40,000# 10-20 SAND, 21,000
2300-2314, 2319-2322 AND 2327-2330		GALS. WATER & 20 TONS CO ₂ .
PERFED 1 SHOT/FT. TOTAL OF 56 PERFS. PERF		
W/SCHLUMBERGER JET .044 HOLE		

33.* PRODUCTION		
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
		SHUT IN

DATE OF TEST 12-18-63	HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF. 185	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS. 130	CASING PRESSURE 113	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF. 1,480	WATER—BBL.	OIL GRAB TEST (GALLS)	RECEIVED

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS

36 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED R. N. PHILLIPS TITLE DRILLING SUPERINTENDENT DATE JANUARY 23, 1964

*** (See Instructions and Spaces for Additional Data on Reverse Side)**

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all

tion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

[illegible]

Item 27: *Sacks Cement* : Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.			
				WASATCH	SURF.	
				KIRTLAND	1602	
				FRUITLAND	2045	
				PIC. CLIFFS	2208	
				LEWIS	2330	