

RECEIVED
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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 Eddie Fisher
County Logan Address 1135 W. Huntington Drive
City Arcadia State Calif.
Lease Name Lennie F. Johnson Well No. 2 Derrick Floor Elevation 4263
Location C SE/4 SE/4 Section 20 Township 8N Range 54W Meridian 6th
(quarter quarter)
660-320 feet from South Section line and 660 feet from East 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 July 25, 1957

Signed Eddie Fisher
 Title By: B. Candy *inst.*

The summary on this page is for the condition of the well as above date.
Commenced drilling July 23, 1957 Finished drilling July 30, 1957

CASING RECORD

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

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To

TOTAL DEPTH 5207' PLUG BACK DEPTH

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run Elgen Corporation electric log Date July 29, 1957
 Was well cored? No coring record 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
Niobrara	4250		
Ft. Hays	4590		no shows in any of the formations
Carlisle	4639		
Green Horn	4822		
Bentonite	4984		
"D" Sand	5076		
"J" Sand	5168		