



00723850

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

OIL & GAS
CONSERVATION COMMISSION

WELL COMPLETION REPORT

AJJ	
DVR	
WRS	
HHM	
JAM	
FJP	
JJD	

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 Kingwood Oil Company
County Routt Address First National Building
City Oklahoma City State Oklahoma
Lease Name George W. Wheeler Well No. 1 Derrick Floor Elevation 6925'
Location C NE SE Section 6 Township 7N Range 85W Meridian 6th
(quarter quarter)
1980 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 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.

Signed Ben Spain
Date October 19, 1960 Title Chief Clerk

The summary on this page is for the condition of the well as above date.
Commenced drilling September 18, 1960 Finished drilling October 5, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>13-3/8</u>			<u>585'</u>	<u>None</u>			
<u>10-3/4</u>			<u>1473'</u>	<u>None</u>			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
	<u>None</u>		

TOTAL DEPTH <u>1750'</u>	PLUG BACK DEPTH _____
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Oil Productive Zone: From None To _____ Gas Productive Zone: From None To _____
Electric or other Logs run No Date _____, 19____
Was well cored? No Has well sign been properly posted? Yes

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)		

6-7W-85W

6-7W-85W

FORMER 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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
	0	1474	Shale
	1474	1565	Sand & sandy shale
	1565	1580	Shale
	1580	1640	Siltstone
	1640	1695	Sand
	1695	1710	Silt
	1710	1750	Silt & sand

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil ☒ Gas ☐ Gas Well ☐
Well completed as: Day 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 _____
Title _____
Date _____
The summary on this page is for the condition of the well as above date.
Completed drilling _____
1960 Finished drilling _____
October 2, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LAMDED	NO. SKE. CNT.	W.O.C.	PRESSURE TEST
10-3/4			1473'	None		
12-3/8			1581'	None		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	To
None			None

TOTAL DEPTH	1750'	PLUG BACK DEPTH	
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Oil Productive Zone: From _____ To _____
Electric or other loss run _____
Was well cored: ☒ No ☐ Yes
Has well sign been properly posted: Yes ☐ No ☐

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	REMARKS
			From To	

Results of shooting and/or chemical treatment:

DATA ON TEST

Test Commenced _____ A.M. or P.M. _____
For Flowing Well: _____
Flowing Press. on Csg. _____ lbs./sq.in.
Flowing Press. on Tbg. _____ lbs./sq.in.
Size Tbg. _____ in. No. test run _____
Size Choke _____ in.
Shut-in Pressure _____
If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? _____
Depth of Pump _____ feet.
Size Tbg. _____ in. No. test run _____
Diam. of working barrel _____ inches
Number of strokes per minute _____
Length of stroke used _____ inches
For Pumping Well: _____
Test Completed _____ A.M. or P.M. _____
19 _____

TEST RESULTS: Bbls. oil per day _____	Gas Gravity _____
Gas Vol. _____ Mcf/day _____	Gas-Oil Ratio _____
Gas Gravity _____	API Gravity _____

(Conv. to 15.925 psi & 60°F.)
Oil Bbl. of oil _____