

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

File in triplicate for Patented and Federal lands.
File in quadruplicate for State lands.

RECEIVED
'SEP -1 1971

COLO. OIL & GAS CONS. COMM.



00572872

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
Inexco Oil Company

3. ADDRESS OF OPERATOR
308 Lincoln Tower Building, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface NE NW Sec. 8-T19S-R45W
At top prod. interval reported below 660' FNL, 1980' FWL
At total depth _____

14. PERMIT NO. 71-499 DATE ISSUED 7/9/71

5. LEASE DESIGNATION AND SERIAL NO. Fee
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME KCGA
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Brandon
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE NW Sec. 8-T19S-R45W
12. COUNTY Kiowa 13. STATE Colorado

15. DATE SPUDED 7/23/71 16. DATE T.D. REACHED 8/1/71 17. DATE COMPL. (XXXX/XXXX) 8/2/71 (Plug & Abd.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3860' Gr 19. ELEV. CASINGHEAD --

20. TOTAL DEPTH, MD & TVD 4730 21. PLUG, BACK T.D., MD & TVD -0- 22. IF MULTIPLE COMPL., HOW MANY -- 23. INTERVALS DRILLED BY -- ROTARY TOOLS 4730 CABLE TOOLS --

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) None 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN FDC - NDC 27. WAS WELL CORED YES NO (Submit analysis) DRILL STEM TEST YES NO (See reverse side)

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	20#	190'	12 1/4	175 sx	None

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY _____

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. T. Foster TITLE Drilling Administrator DATE 8/31/71

See Spaces for Additional Data on Reverse Side

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JID	<input checked="" type="checkbox"/>

X

