

WELL COMPLETION REPORT



OIL & GAS

CONSERVATION COMMISSION

(3) Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Director three 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.

Drilled on: Private Land ☐ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil 0; Gas 0
Well completed as: Dry Hole ☒ Oil Well ☐ Gas Well ☐

Date 6-24-58

Signed _____
Title District Engineer

The summary on this page is for the condition of the well as above date.
Commenced drilling 4-12- 19 58 Finished drilling 4-18- 19 58

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"	20	J-55	96.15	40	12		

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

TOTAL DEPTH 5070 PLUG BACK DEPTH 1 $\frac{1}{2}$ ' below ground level

Oil Productive Zone: From None To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Electric-Induction and Microlog Date 4-17, 19 58
Was well cored? Yes

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	DVR	REMARKS
			From	To		WRS	
None						HHM	
						JAM	
						FIP	✓
Results of shooting and/or chemical treatment:						JJD	✗
None						FILE	

DATA ON TEST

Test Commenced None A.M. or P.M. _____ 19____ Test Completed _____ A.M. or P.M. _____ 19____
For Flowing Well _____

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.

[illegible]