

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECORDED
OCT 21 1958

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WELL COMPLETION REPORT

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 Ramp Operator Champlin Oil & Refining & Republic Natural Gas
 County Washington Address Box # 451 Co. _____ State Nebraska
 City Sidney Lease Name Chas. L. Jolly Well No. B-1 Kelly Bushing
 Location C-SW-SE Section 7 Township 3-S Range 55-W Meridian 6th
 (quarter quarter) 660 feet from S Section line and 1980 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 0; Gas _____
 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 October 20, 1958

Signed [Signature]
 Title District Engineer

The summary on this page is for the condition of the well as above date.
 Commenced drilling 5-19-, 19 58 Finished drilling 5-24-, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"	20	J-55	98.33	55	12		
*4 1/2"	9.5	J-55	5065.84	85	48		
*Note: Well plugged top of 4 1/2" O. D. casing 4231' bottom 5065.84'							

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
M-3 1/2"	6	4962	4971

TOTAL DEPTH 5070 PLUG BACK DEPTH 2' below ground level

Oil Productive Zone: From None To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run Yes Date 5-24-, 19 58
 Was well cored? Yes J 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		
5-28-58	Freflo	40 gal.	4962	4971	Dakota J	AH DVR
6-6-58	MCA	500 gal.	4962	4971	Dakota J	WRS HMM

Results of shooting and/or chemical treatment: Well produced water

DATA ON TEST

Test Commenced _____ A.M. or P.M. _____ 19 _____ Test Completed _____ 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. 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)

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