

# WELL COMPLETION REPORT

RECEIVED  
OCT 19 1964  
OIL & GAS  
CONSERVATION COMMISSION

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.

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.

The summary on this page is for the condition of the well as above date.

Commenced drilling	<u>6-6</u>	19 <u>64</u>	Finished drilling	<u>June 13,</u>	19 <u>64</u>
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SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7 5/8	23	A	273				

Type of Charge	No. Perforations per ft.	From	Zone To	Remarks
				HMM
				JAM
	N O N E			FUP
				JJD
TOTAL DEPTH		PLUG BACK DEPTH		FILE

### RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
		N O	N E			

Results of shooting and/or chemical treatment:

Test Commenced 7 A.M. or P.M. 6-19 1964 Test Completed 8 ~~A.M.~~ or P.M. 6-27 1964

<b>For Flowing Well:</b> 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 _____	<b>For Pumping Well:</b> Length of stroke used _____ inches. Number of strokes per minute <u>12</u> Diam. of working barrel <u>2</u> inches Size Tbg. _____ in. No. feet run _____ Depth of Pump <u>50'</u> <b>From Bottom</b>
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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 35 API Gravity 40.7  
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
Gravel & Sand	0 28	28 2184	Gravel & sand Shale all the way down