



00241777

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



OIL & GAS CONSERVATION COMMISSION

WELL COMPLETION REPORT

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 MIAMI PETROLEUM COMPANY, INC.
County WELD Address P. O. BOX 2040
City Abilene State Texas
Lease Name CRAIG Well No. 1 B Derrick Floor Elevation 4463
Location SE SW Section 27 Township 9N Range 56W Meridian
1980 feet from N Section line and 1980 feet from W Section Line

Drilled on: Private Land [X] Federal Land [] State Land []
Number of producing wells on this lease including this well: Oil NO; Gas NO
Well completed as: Dry Hole [X] 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 June 30, 1959 Signed [Signature] Title Agent

The summary on this page is for the condition of the well as above date.
Commenced drilling [] 19 Finished drilling [] 19

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8 5/8, 28, D, 102, 65, 24.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a list of casing types: AJ, DVR, WRS, HHM, JAM, FJP, JD, FILE.

Oil Productive Zone: From [] To [] Gas Productive Zone: From [] To []
Electric or other Logs run [] Date [] 19
Was well cored? [] Has well sign been properly posted? []

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS.

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: 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.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
D-Sand	5642		
J-Sand	5738		
TD	5880		

DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	REMARKS

DEPTH	WT. SHELL	GRADE	DEPTH LAMINATED	W.O.C.	W.O.C. TEST
8' 2 1/8	28	D	103	24	

TEST RESULTS: See on separate sheet
Gas Vol. _____
Gas Gravity _____
Oil Gravity _____
(Copy to 15 002 and 5077)