

WELL COMPLETION REPORT

JAN 8 1957

11505061

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 BRACK DRILLING COMPANY, INC.
County Sedgwick Address P.O. Box 575, Fort Collins, Colorado
City _____ State _____

Lease Name Geo. W. Hagemann Well No. 1 Derrick Floor Elevation 3548
Location NW Section 28 Township 12N Range 43W Meridian 6th
(quarter quarter)
1980 feet from N Section line and 660 feet from W 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 0
 Well completed as: Dry Hole ☒ Oil Well ☐ Gas Well ☐

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 1-7-57

Signed James E. Hawkins
Title Geologist

The summary on this page is for the condition of the well as above date.
Commenced drilling 12-15, 19 56 Finished drilling 12-24, 19 56

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"			341' K.B.	200	24		

Type of Charge	No. Perforations per ft.	From	Zone	To

TOTAL DEPTH	3476	PLUG BACK DEPTH	
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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? _____

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

Results of shooting and/or chemical treatment:-

Test Commenced_____A.M. or P.M._____19____. Test Completed_____A.M. or P.M._____19_____

For Flowing Well:

For Pumping Well:

Flowing Press. on Csg. _____ lbs./sq.in.

Length of stroke used _____ inches.

Flowing Press. on Tbg. _____ lbs./sq.in.

Number of strokes per minute_____

Size Tbg. _____ in. No. feet run _____

Diam. of working barrel_____inches

Size Choke_____in.

Size Tbg. _____ in. No. feet run _____

Shut-in Pressure_____

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?

TEST RESULTS: Bbls. oil per day _____ API Gravity _____ 00790026
Gas Vol. _____ Mcf/Day; Gas-Oil Ratio _____ Cf/Bbl. of oil
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)



00790026

SEE
REVERS
SIDE

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	
Niobrara	2446				
Fort Hayes	2823				
Carlile	2875				
"D" Sand	3217	3038			
"J" Sand	3326	3406			
Skull Creek	3406				

DATA ON TEST

B.S. & W.	%	Gas Gravity	(Corr. to 15.025 psi & 60°F)
Gas Vol	Mcf/Days	Gas-Oil Ratio	Gf/Bbl. of oil
TEST RESULTS: Bbls. oil per day			
API Gravity			