



State of Colorado
Conservation Commission



1120 Lincoln Street, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109

FOR OGCC USE ONLY

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within 30 days of work. Additional information is found under Rule 308. Fill out a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

5/11/00

Complete the
Attachment Checklist

	Operator	OGCC
Wellbore diagram		
Site Facility Diagram		

1. OGCC Operator Number: <u>10176</u>	4. Contact Name and Telephone
2. Name of Operator: <u>Brito Oil Co</u>	
3. Address: <u>120 S Market St. Suite 300</u>	No: _____
City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67202</u>	Fax: _____
5. API Number: <u>261-06702</u>	6. County: _____
7. Well Name: <u>Kanfoot</u>	Well Number: <u>13-27</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____	

List in order of completion:

FORMATION: <u>McClure</u>	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>4791</u>	Bottom <u>4797</u>	No. Holes: _____	Size: _____	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: _____				

Test Information Date: <u>3/7/95</u>	Hours: <u>24</u>	Bbls Oil: _____	MCF Gas: _____	Bbls H ₂ O: _____
Production Test Method: _____	Casing Pressure: _____	Flowing Tubing Pressure: _____	Choke Size: _____	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: _____	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition: <u>5.10</u>	
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other: _____		
Calculated 24 Hr. Rate _____	Bbls Oil: <u>0</u>	MCF Gas: <u>114</u>	Bbls H ₂ O: <u>0</u>	GOR: _____
Production Method: <u>Flowing</u>				
Tubing Size: _____	Setting Depth: _____	Packer Depth: _____		
Reason for Non-Production: _____				
Abandonment of Zone Date: _____	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement: _____		
Bridge Plug Depth: _____	Sacks Cement on Top: _____			

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FORMATION: _____	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top _____	Bottom _____	No. Holes: _____	Size: _____	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: _____				
Test Information Date: _____	Hours: _____	Bbls Oil: _____	MCF Gas: _____	Bbls H ₂ O: _____
Production Test Method: _____	Casing Pressure: _____	Flowing Tubing Pressure: _____	Choke Size: _____	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: _____	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition: _____	
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other: _____		
Calculated 24 Hr. Rate _____	Bbls Oil: _____	MCF Gas: _____	Bbls H ₂ O: _____	GOR: _____
Production Method: _____				
Tubing Size: _____	Setting Depth: _____	Packer Depth: _____		
Reason for Non-Production: _____				
Abandonment of Zone Date: _____	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement: _____		
Bridge Plug Depth: _____	Sacks Cement on Top: _____			

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: _____

Signed: _____

Title: _____

Date: _____