OGCC Form 5

00792464

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED JUL 21 1959 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: Oil, Incorporated — Ozark Corp.
County: Adams — Address: 907 Walker Bank Bldg., Box 2491-Casper, Wyo.
City: Salt Lake City — State: Utah

Lease Name: Flader — Well No. A-#2 — Derrick Floor Elevation
Location: NE SW (quarter quarter) — Section 8 — Township 3 S — Range 60 W — Meridian 6th P.M.

2033 feet from S (N or S) Section line and 1854 feet from E (E or W) Section Line

Drilled on: Private Land ☐ Federal Land ☐ State Land ☒
Number of producing wells on this lease including this well: Oil ____; Gas ____
Well completed as: Dry Hole ☐ Oil Well ☐ Gas Well ☐ Stock Water 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.

Signed: Ozark Corporation Jeff Hawks
Title: Jeff Hawks Agent S.J.

Date: July 20, 1959

The summary on this page is for the condition of the well as above date.
Commenced drilling: March 21, 1959 Finished drilling: April 5, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST Time	PRESSURE TEST Psi

CASING PERFORATIONS

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

TOTAL DEPTH: 6580 PLUG BACK DEPTH:

AJJ DVR WRS HHM JAM FJP JJD FILE

Oil Productive Zone: From ____ To ____ Gas Productive Zone: From ____ To ____
Electric or other Logs run: ES Induction & Micrologs Date: April 5, 1959
Was well cored? Yes - Sidewall cores Has well sign been properly posted?

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE From	ZONE 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? ____.

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)

SEE REVERSE 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
			Log tops:
			'D' 6450'
			'J' 6501'