

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

File in triplicate for Patented and Federal lands.
File in quadruplicate for State lands.

RECEIVED

NOV 21 1972



005 LEW

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
Inexco Oil Company

3. ADDRESS OF OPERATOR
308 Lincoln Tower Bldg., Denver, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface **1980' FSL, 1980' FEL**
At top prod. interval reported below
At total depth _____

14. PERMIT NO. **72-912** DATE ISSUED **11/3/72**

6. IF IN _____
7. UNIT AGREEMENT NAME _____
8. FARM OR LEASE NAME
Harrison
9. WELL NO.
6
10. FIELD AND POOL, OR WILDCAT
Brandon
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
**NW SE Section 9
T-19-S, R-45-W**
12. COUNTY **Kiowa** 13. STATE **Colorado**

15. DATE SPUDDED **11/3/72** 16. DATE T.D. REACHED **11/16/72** 17. DATE COMPL. (Ready to prod.) **11/16/72** (Plug & Abd.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) **3887 GR, 3896 KB** 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD **4718** 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) _____ 25. WAS DIRECTIONAL SURVEY MADE _____

26. TYPE ELECTRIC AND OTHER LOGS RUN
CNL, FDC-GR

27. WAS WELL CORED YES NO (Submit analysis)
DRILL STEM TEST YES NO (See reverse side)

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	20#	184'	12 1/4	100 sx common, 75 sx lightweight	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS _____

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Bradley D. Bilyeu TITLE District Engineer DATE 11/20/72

