

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Ramp Operator Champlin Oil & Refining Co. & Republic Natural
County Washington Address Box 451 Gas Company
City Sidney State Nebraska
Lease Name Chas. L. Jolly Well No. 1 Derrick Floor Elevation 4711.5'
Location C-NE/4 SE/4 Section 7 Township 3S Range 55W Meridian 6th
(quarter quarter)
1980 feet from S Section line and 660 feet from E 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 1; Gas 0
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 4-8-58 Signed W. L. Bailey
Title District Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling 3-26, 19 58 Finished drilling 4-1, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"	20	J-55	95.77	55	12		
4 1/2"	9.5	J-55	5069.53	73			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		AJJ	DVR	WRS	HHM	JAM	FJP	JJD	FILE
		From	To								
1/2" bullets	4	4958	4968								
TOTAL DEPTH <u>5075</u>		PLUG BACK DEPTH <u>5038</u>									

Oil Productive Zone: From 4958 To 4968 Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction-Electrical Log & Microlog Date 4-1, 19 58
Was well cored? yes Has well sign been properly posted? yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
	<u>none</u>					

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced 7 A.M. or PM 4-7 19 58 Test Completed 7 A.M. or PM 4-8 19 58
For Flowing Well: For Pumping 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 _____

Length of stroke used 54 inches.
Number of strokes per minute 14
Diam. of working barrel 1 1/2 inches
Size Tbg. 2 in. No. feet run 5030
Depth of Pump 5015.68 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 158 API Gravity 40.2° @ 60° F
Gas Vol. _____ Mcf/Day; Gas-Oil Ratio 319 Cf/Bbl. of oil
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

Give name, top, bottom and description of all formations encountered, and indicate oil, gas and water bearing intervals, cored sections and drill stem tests.

[illegible]