

WELL COMPLETION REPORT

RECEIVED
MAR-9 1964

**OIL & GAS
CONSERVATION COMMISSION**

(3) Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Director three 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.

Lease Name. Reagan-Fletcher Well No. 1 Derrick Floor Elevation. 1061 KB
Location SW SE Section 4 Township 7N Range 53W Meridian 6
(quarter quarter)
600 feet from S Section line and 1820 feet from E Section Line
N or S E or W

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.

The summary on this page is for the condition of the well as above date.

Commenced drilling 11-22-~~62~~ 19 63 Finished drilling 11-28-~~62~~ 19 63

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	21#		99	100			

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

TOTAL DEPTH	4734	PLUG BACK DEPTH	-0-
-------------	------	-----------------	-----

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ none _____ Date _____, 19____
Was well cored? no _____ Has well sign been properly posted? Yes _____

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: 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?

SEE REVERSE SIDE

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)