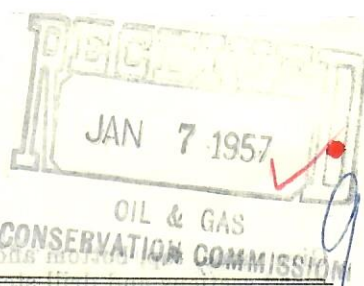


OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF OKLAHOMA

00530659

## 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 Basin Oil Company 100294  
County Lincoln Address P. O. Box 9723  
City Oklahoma City State Oklahoma  
Lease Name Westlund Well No. 1 Ground Level 4987.55  
Location C NE SE Section 23 Township 14-S Range 55-W Meridian 6  
1980 feet from S Section line and 660 feet from E Section Line  
Nor S E or W

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 ☐

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 December 26, 1956

Signed Ray J. Shaw  
Title Exploration Manager

The summary on this page is for the condition of the well as above date.  
Commenced drilling May 15, 1956, 19\_\_\_\_ Finished drilling June 10, 1956

## CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
			NONE				

## CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
	NONE		

TOTAL DEPTH 130

PLUG BACK DEPTH None

Oil Productive Zone: From None To \_\_\_\_\_ Gas Productive Zone: From None To \_\_\_\_\_  
Electric or other Logs run None Date \_\_\_\_\_, 19\_\_\_\_  
Was well cored? No Has well sign been properly posted? \_\_\_\_\_

## RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
	NONE					

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:

For Pumping Well:

Flowing Press. on Csg. \_\_\_\_\_ lbs./sq.in.

Length of stroke used \_\_\_\_\_ inches.

Flowing Press. on Tbg. \_\_\_\_\_ lbs./sq.in.

Number of strokes per minute \_\_\_\_\_

Size Tbg. \_\_\_\_\_ in. No. feet run \_\_\_\_\_

Diam. of working barrel \_\_\_\_\_ inches

Size Choke \_\_\_\_\_ in.

Size Tbg. \_\_\_\_\_ in. No. feet run \_\_\_\_\_

Shut-in Pressure \_\_\_\_\_

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

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO  
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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Surface	0	130	Sand, gravel & clay. No water encountered

Well Name \_\_\_\_\_ Location \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

Drilled on: ☒ Private land ☐ Federal land ☐ State land

Number of producing wells on this lease including this well: ☐ Oil Well ☐ Gas Well

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 \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

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

Commenced drilling May 15, 1955 Finished drilling June 10, 1955

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST
			NONE			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	To
	NONE		

TOTAL DEPTH 130

PLUG BACK DEPTH 130

Oil Productive Zones: From \_\_\_\_\_ To \_\_\_\_\_

Gas Productive Zones: From \_\_\_\_\_ To \_\_\_\_\_

Electric or other logs run: \_\_\_\_\_

Was well cored? ☒ No ☐ Yes

Has well sign been properly posted? ☒ No ☐ Yes

DATE	WELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	FORMATION	REMARKS
	NONE		From _____ To _____		

Records of shooting and/or chemical treatment:

DATA ON TEST

Test Commenced \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_

Test Completed \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_

For Flowing Well: \_\_\_\_\_

Flowing Pressure on \_\_\_\_\_ in. \_\_\_\_\_

Flowing Pressure on \_\_\_\_\_ in. \_\_\_\_\_

Rate Type \_\_\_\_\_ in. No. test run \_\_\_\_\_

Size Check \_\_\_\_\_ in. \_\_\_\_\_

Shut-in Pressure \_\_\_\_\_

If flowing well, did this well flow for the entire duration of this test without the use of sand or other artificial flow device? ☒ No ☐ Yes

Depth of Pump \_\_\_\_\_ feet

Size of Pump \_\_\_\_\_ in. No. test run \_\_\_\_\_

Days of working period \_\_\_\_\_

Number of strokes per minute \_\_\_\_\_

Length of stroke used \_\_\_\_\_ inches

TEST RESULTS: Rate of oil per day \_\_\_\_\_

Gas Vol \_\_\_\_\_ Mcf/Day \_\_\_\_\_

Gas-Oil Ratio \_\_\_\_\_

Gas Gravity \_\_\_\_\_ (Corr. to 15.625 psi & 60°F)

API Gravity \_\_\_\_\_