

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

00038646

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 Seaboard Oil Company
County Rio Blanco County Address P. O. Box 1957
City Billings, State Montana

Lease Name Kritsas Well No. _____ Derrick Floor Elevation _____
Location SW SW Section 5 Township 1 N Range 93 W Meridian 6th PM
(quarter quarter)
644 feet from S Section line and 721 feet from W 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 None; Gas None

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 7/26/56 Signed D. A. Johnson
Title District Superintendent of Production

The summary on this page is for the condition of the well as above date.
Commenced drilling May 15, 1956 Finished drilling June 11, 1956

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10-3/4"	32.75#	H-40	349' KB	260	48	30 Min.	500

CASING PERFORATIONS

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

TOTAL DEPTH 3070 PLUG BACK DEPTH Abandoned

Oil Productive Zone: From None To _____ Gas Productive Zone: From None To _____
Electric or other Logs run E.S. 350-3074 Micro 1500-3072 Date June 11, 1956
Was well cored? _____ 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		
						AJJ
						DVR
						FJK

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. _____
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)

CONFIDENTIAL