



00052083

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED JAN 7 1959 OIL & GAS CONSERVATION COMMISSION

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 Omega Oil Corp. County Boulder Address 208 So. LaSalle St. City Chicago, Ill. State Ill. Lease Name Steinbaugh Well No. 1 Derrick Floor Elevation 5073Kb. Location NW/4-NW/4 Section 22 Township 1N Range 69W Meridian 6th (quarter quarter) 660 feet from N Section line and 660 feet from W Section Line

Drilled on: Private Land [x] Federal Land [] State Land [] Number of producing wells on this lease including this well: Oil _____; Gas _____ Well completed as: Dry Hole [x] 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 1/6/59 Signed Leonard A. Murphy Title Geologist

The summary on this page is for the condition of the well as above date. Commenced drilling 12/21/58, 19 Finished drilling 12/30/1958

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8 5/8, 24#, J55, 204.12kb., 160, 12 hr.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a list of casing types: AJJ, DVR, WRS, HHM, JAM, FJP, JJD, FILE.

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____ Electric or other Logs run BS. & Micro. Date 12/29/1958 Was well cored? NO Has well sign been properly posted? YES

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS.

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: 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)

