



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 5073 Kb.
Location NW 1/4 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
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 _____; 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 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

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24#	J55	204.12 Kb.	160	12 hr.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		
		From	To	
				AJ
				DVR
				WRS
				HHM
				JAM
				FJP
				JID
				FILE
TOTAL DEPTH <u>6176</u>		PLUG BACK DEPTH _____		

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run ES. & Micro. Date 12/29/ 1958
Was well cored? NO 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		

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)

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.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
1st. Hygiene	4035	4270	Silty and Shaly Sands
2d. Hygiene	4450	4655	" " "
3rd. Hygiene	4954	5985	" " "

TEST RESULTS: Date of test: _____

Oil: _____ Gas: _____ Water: _____

Pressure: _____

Temperature: _____

Flow: _____

Remarks: _____

TEST RESULTS: Date of test: _____	Oil: _____	Gas: _____	Water: _____
Pressure: _____	Temperature: _____	Flow: _____	Remarks: _____