OGCC Form 5

00788508

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED FEB 18 1964 OIL & GAS CONSERVATION COMMISSION

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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 Joe D. Mechalke
County Weld Address P. O. Box 1095
City Greeley State Colorado
Lease Name Louisberg Well No. 1 Derrick Floor Elevation 4589
Location NW SW (quarter quarter) Section 12 Township 9N Range 57W Meridian 6
1980 feet from S (N or S) Section line and 660 feet from W (E or W) Section Line

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.

Signed Joe Mechalke
Date _____ Title _____

The summary on this page is for the condition of the well as above date.
Commenced drilling 6/10/63, 19__ Finished drilling 6/17/63, 19__

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST Time	PRESSURE TEST Psi

CASING PERFORATIONS

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

TOTAL DEPTH 6031 PLUG BACK DEPTH _____

DVR	✓
WRS	
HHM	
JAM	
FJP	✓
JJD	
FILE	

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19__
Was well cored? _____ Has well sign been properly posted? _____

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE From	ZONE 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)

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
D sand	5942	5950	no show and no core
J sand	6010	6030	cored 20 ft - no show