

New Well! Recompletion

form shall be submitted by the
It is to be submitted in QUAD
be assigned effective 7:00 AM
completion or recompletion. T
oc tanks. Gas must be reported

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Please indicate location:

#1			
.			

Elevation.....**3594'**..... Total Depth.....**3903'**....., P.F.....**3808'**
Top oil/gas pay.....**3078**..... Name of Prod. Form.....**Seven Rivers-Queen**
Casing Perforations:.....**3274-3352**..... or
Depth to Casing shoe of Prod. String.....
Natural Prod. Test..... BOPD
based on..... bbls. Oil in..... Hrs..... Mins.
Test after acid or shot..... BOPD
Based on..... bbls. Oil in..... Hrs..... Mins.
Gas Well Potential.....**17,500,000 cu.ft./day - Open flow**
Size choke in inches.....
Date first oil run to tanks or gas to Transmission system:.....
Transporter taking Oil or Gas:.....**3-15-55**

Casing and Cementing Record		
Size	Feet	Sax
12-1/2"	170'	110
9-5/8"	2318'	450
7"	3798'	75

Remarks: This well was completed in the gas zone as a bradenhead completion 4-28-50.
It was recompleted as a G.O. Dual.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved.....APR 2 1955....., 19.....

Amrad Petroleum Corporation
(Company or Operator)

By:

(Company or Operator)
H.C. Capps
(Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name Amerada Petroleum Corporation

~~OIL CONSERVATION COMMISSION~~

By: C. M. K. K. K.

Title EXPLOSIVE