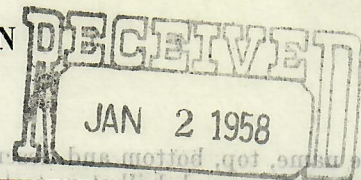




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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



16

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 British-American Oil Prod. Co.
County Logan Address Box 180, Denver 1, Colorado
City Denver State Colorado
Lease Name Sanders Well No. G-1 Derrick Floor Elevation 3928
Location SE SE Section 22 Township 9 N Range 32 W Meridian 6PM
(quarter quarter)
663 feet from South Section line and 636 feet from East 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 0; Gas 0
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 December 27, 1957Signed [Signature]
Title District Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling 11-27, 1957 Finished drilling 12-5-57, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>9-5/8"</u>	<u>25.4#</u>	<u>Armco</u>	<u>131'KB</u>	<u>150</u>	<u>24 hrs</u>	<u>30 Mins</u>	<u>500</u>

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	
					<u>AJJ</u>
					<u>DVR</u>
					<u>EJK</u>
					<u>KRS</u>
					<u>HHM</u>
					<u>AH</u>
					<u>JJD</u>
					<u>FILE</u>

TOTAL DEPTH 5097'KB

PLUG BACK DEPTH _____

Oil Productive Zone: From DRY To _____ Gas Productive Zone: From DRY 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		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: 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)

Give name, top, bottom and description of all formations encountered, and indicate oil, gas and water bearing intervals, cored sections and drill stem tests.

Commenced drilling	11-27	The summary on this page is for the condition of the well as above late.	12-5-27	12-5-27
Date December 27, 1957		Signed: _____ Title District Superintendent		
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.				

Type of Change		No. Performances per ft.	From	None To

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT					
DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		REMARKS
			From	To	

TEST RESULTS: Bbls. oil per day _____
 Gas Vol _____ Mcf/Day _____ Gas-Oil Ratio _____ Gt./Bbl. of oil _____
 API Gravity _____
 (Corr. to 15.925 psi & 60°F)