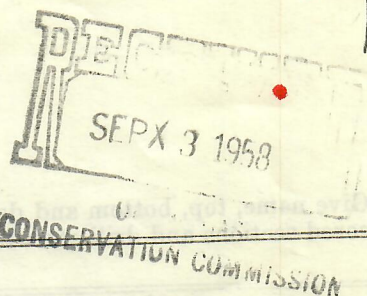




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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 S.E. Cedar Creek Operator The British-American Oil Prod Co.
County Logan Address Box 180
City Denver 1, State Colorado
Lease Name BRITTON Well No. C-1 Derrick Floor Elevation 4244
Location SW SW SW Section 7 Township 9 N Range 53 W Meridian 6PM
(quarter quarter)
330 feet from South Section line and 330 feet from West Section Line
N or S

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 August 29, 1958Signed Thomas W. Hooper
Title District Superintendent

The summary on this page is for the condition of the well as above date.

Commenced drilling 8-4, 1958 Finished drilling 8-11, 1958

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>25.6</u>	<u>Armco</u>	<u>44' GL</u>	<u>1 1/2 Cu Yds</u>	<u>24 hrs</u>	<u>30 mins</u>	<u>500</u>

CASING PERFORATIONS

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

TOTAL DEPTH 5195' KB

PLUG BACK DEPTH _____

Oil Productive Zone: From DRY To _____ Gas Productive Zone: From DRY To _____
Electric or other Logs run Yes Date 8-12-, 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
	0	690	Surface, gravel and Clay
	690	4152	Shale
	4152	4518	Sandy Shale & Shale
"D"	4518	4951	Shale
	4951	4980	Sand
"J"	4980	5057	Sandy Shale
	5057	5172	Sand & Sandy Shale
	5172	5195	Shale

DATA ON TEST

Test Completed: _____ M or F
 Test Pumping Well: _____
 Length of string used: _____
 Number of strokes per minute: _____
 Size of Pump: _____
 Height of Pump: _____
 If flowing well, did the well flow for the entire duration of the test without the use of swab or other artificial flow devices? _____
 Results of shooting and/or chemical treatment: _____
 DATE: _____
 SHILL EXPOSURE OR CHEMICAL USED: _____
 QUANTITY: _____
 SOIL: _____
 TO: _____
 FROM: _____
 DRY: _____
 Gas Production Known: _____
 Date: _____
 Electric or other logs run: _____
 Was well cased: _____
 Yes _____ No _____