



00195457

Rev 8/98

State of Colorado

Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within thirty (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

FOR OGCC USE ONLY

MAR 13 1998

ET	OE	PR	ES
----	----	----	----

Complete the
Attachment Checklist

OGCC Operator Number: 51820	Contact Name & Phone
Name of Operator: Lyco Energy Corp.	Dirk Olsen
Address: 300 E. 16th St., Suite 216	No: 970-353-8055
City: Greeley State: CO Zip: 80631	Fax: 970-353-8062
API Number: 05-123-19479	
Well Name: Miller	Number: 33-29
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE Sec. 29, T6N, R64W	

Wellbore diagram	OGCC
Site Facility Diagram	

List in order of completion.

FORMATION: Codell

Producing ☒ N ☐ Commingled ☐

OGCC PR - 0

Perforations Gross Interval: Top 6891	Bottom 6901	No. Holes: 40	Size: .38"	Open Hole Completion <input type="checkbox"/>
--	----------------	------------------	---------------	---

Formation Treatment Describe:

Frac Codell w/112,812 gals Crosslinked gel w/223,000# 20/40, 10,000# 100 mesh & 12,000#

12/20.

Test Information	Date: 2/13/98	Hours: 24	Bbls Oil: 148	MCF Gas: 402	Bbls H2O: 35
------------------	------------------	--------------	------------------	-----------------	-----------------

Production Test Method:

Flowing

Casing Pressure:

1300#

Flowing Tubing Pressure:

N/A

Choke Size

10/64

API Gravity Oil:

51

BTU Gas:

1275

Gas Disposition:

Flowing

Calculated 24 Hr Rate

Bbls Oil:

148

MCF Gas:

402

Bbls H2O:

35

GOR:

2716 ✓

Production Method:

Producing

Tubing Size:

N/A

Setting Depth:

Packer Depth:

Non-producing Completion Status:

☐

Abd

☐

SI

Reason shut in:

Abandonment of Zone

Date:

Squeezed:

Sacks Cement:

Bridge Plug Depth:

Sacks Cement on Top:

FORMATION:

Producing ☐ N ☐ Commingled ☐

OGCC

Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion <input type="checkbox"/>
----------------------------------	--------	------------	-------	---

Formation Treatment Describe:

Test Information	Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
------------------	-------	--------	-----------	----------	-----------

Production Test Method:

Casing Pressure:

Flowing Tubing Pressure:

Choke Size

API Gravity Oil:

BTU Gas:

Gas Disposition:

Calculated 24 Hr Rate

Bbls Oil:

MCF Gas:

Bbls H2O:

GOR:

Production Method:

Tubing Size:

Setting Depth:

Packer Depth:

Non-producing Completion Status:

☐

Abd

☐

SI

Reason shut in:

Abandonment of Zone

Date:

Squeezed:

Sacks Cement:

Bridge Plug Depth:

Sacks Cement on Top:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name Dirk Olsen

Signed

Title: Dist. Prod. Superintendent

Date: 3/11/98