

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



AJJ	
DVR	
WRS	
IM	
MM	
FJP	
JD	

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 The British-American Oil Prod Co
County Logan Address Box 180
City Denver 1, State Colorado
Lease Name COLORADO Well No. V-1 Derrick Floor Elevation 4317
Location SE NW Section 2 Township 10 N Range 53 W Meridian 6PM
(quarter quarter)
1990 feet from North Section line and 1974 feet from West 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 0Well 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 4-25-58Signed Samuel M. HopperTitle District Superintendent

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

Commenced drilling 3-27-, 19 58 Finished drilling 4-3-, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
9-5/8	25.6	Armco	211'KB	175	24 hrs	30 mins	500

CASING PERFORATIONS

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

TOTAL DEPTH 5211'KB

PLUG BACK DEPTH _____

Oil Productive Zone: From DRY To _____ Gas Productive Zone: From DRY To _____
Electric or other Logs run Yes Date 4-4, 19 58
Was well cored? NO 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)

FORMATION RECORD

of all formations, and the

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
	0	215	Sandy clay
"D" Sand	215	4991	Shale and sandy shale
	4991	5039	Sand
"J" Sand	5039	5104	Sandy shale and sand
	5104	5175	Sand
	5175	5210	Shale and sandy shale

CARBING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LAMDED	NO. SKS. CNT.	W.O.C.	PRESSURE TEST
2 1/2"	25.0	1000	211' 25"	175	24 hrs	500

CASTING PERFORMANCES

TOTAL DEPTH	5.2017	PLUG BACK DEPTH
Type of Change	No Corrections per ft.	From
		Zone To

RECORD OF SHOOTING AND OR CHEMICAL TREATMENT

[illegible]

DATA ON TEST