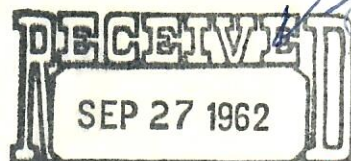


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

OIL & GAS
CONSERVATION COMMISSION

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 **Peavy** Operator **Pan American Petroleum Corporation** 66802
County **Logan** Address **P. O. Box 1031**
City **Kimball** State **Nebraska**
Lease Name **Durland Trust "C"** Well No. **2** RDB
Location **NW SE** Section **20** Township **12N** Range **55W** Elevation **4758**
(quarter quarter)
1976 feet from **S** Section line and **1983** feet from **E** Section Line
Nor S E or W

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil **1**; 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 **September 24, 1962**

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

Commenced drilling **9-15-62**, 19 Finished drilling **9-22-62**, 19

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24	J-55	433	300		30	300

CASING PERFORATIONS

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

TOTAL DEPTH **6200**PLUG BACK DEPTH **---**

Oil Productive Zone: From **---** To **---** Gas Productive Zone: From **---** 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:

DVR

WRS

HHM

JAM

19

FJP

inches.

JJD

inches

FLL

DATA ON TEST

Test Commenced **---** A.M. or P.M. **---** 19 **---** Test Completed **---** A.M. or P.M. **---**

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 **---**Number of strokes per minute **---**Diam. of working barrel **---**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?

TEST RESULTS: Bbls. oil per day **---**API Gravity **---**Gas Vol. **---** Mcf/Day;Gas-Oil Ratio **---** Cf/Bbl. of oilB.S. & W. **---** %;Gas Gravity **---** (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

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
Muddy D Sand	6033	6136	
Muddy J Sand	6136	6200	
Plugged & abandoned 9-23-62.			
Well plugged as follows:			
	6200	5990	70 sack cement plug
	464	404	20 sack cement plug
	Surface		10 sack cement plug