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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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WELL COMPLETION REPORT

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 Wildcat Operator British-American Oil Producing Co
County Logan Address Box 180
City Denver 1, State Colorado
Lease Name COLORADO Well No. Q-2 Derrick Floor Elevation 4283
Location SW NE Section 4 Township 10 N Range 53 W Meridian 6PM
(quarter quarter)
1980 feet from North Section line and 1980 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 February 19, 1958

Signed James E. Hays
Title District Superintendent

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

Commenced drilling 1-25, 19 58 Finished drilling 1-31, 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	43' GL	1 1/2 Cu yds	24 hrs	30 mins	500

CASING PERFORATIONS

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

TOTAL DEPTH 5207' KB

PLUG BACK DEPTH _____

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

Electric or other Logs run Yes Date 1-31 19 58

Was well cored? No W 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:

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 encountered and ind

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
	0	40	Surface gravel and clay
	40	96	Hard rock
	96	4660	Shale
"D" Sand	4660	4977	Sand and sandy shale
	4977	5008	Sand
"J" Sand	5008	5082	Sand and sandy shale
	5082	5150	Sand
	5150	5207	Shale and sandy shale

TEST NO. ATACT