



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) Section line and 1980 feet from North 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 [Signature]  
 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 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)

