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OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

SEP 23 1957 OIL & GAS CONSERVATION COMMISSION

075-05881

WELL COMPLETION REPORT

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 Dale North Operator 20th Century Oil Company County Logan Address 414 South Eighth Street City Colorado Springs, State Colorado Lease Name Pierce Well No. 1 Derriek Floor Elevation 4084 Location NW NE NW Section 13 Township 8 N Range 53 W Meridian 6th 330 feet from N Section line and 1650 feet from W Section Line

Drilled on: Private Land [x] Federal Land [] State Land [] Number of producing wells on this lease including this well: Oil 0; Gas 0 Well completed as: Dry Hole [x] 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.

Signed Richard D. Dalrymple Geologist

Date _____ The summary on this page is for the condition of the well as above date. Commenced drilling _____, 19 _____ Finished drilling _____, 19 _____

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi)

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes sub-table for well logs (AJJ, DVR, FIK, WRS, HMA, AH, JD, FILE).

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____ Electric or other Logs run _____ Date _____ Was well cored? _____ Has well sign been properly posted? _____

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS

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: 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 _____ inches. Number of strokes per minute _____ Diam. of working barrel _____ inches 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 oil B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO
FORMATION RECORD

13-8N-53W

Give name, top, bottom and description of all formations encountered, and indicate oil, gas and water-bearing intervals, cored sections and drill stem tests.

INSTRUCTIONS

Within thirty (30) days after the completion of any well, the owner or operator shall submit to the Commission three (3) copies of this form for wells drilled on patented or Federal lands and four (4) copies for wells drilled on other lands. Upon request, geological information will be kept confidential for six months after the filing thereof.

Field Date North
County
Operator
City
Derrick Name
Location
Section
Township
Range
Derrick Floor Elevation
Meridian

Drilled on: Private Land Federal Land State Land
 Number of producing wells on this lease including this well: Oil Gas
 Well completed as: Dry Hole Oil Well Gas Well
 The information given hereon is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed _____
 Title _____
 Date _____

The summary on this page is for the condition of the well as above late.
 Completed drilling _____ 19____ finished drilling _____ 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST
8 1/8"			130	100	12	

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	To	None

TOTAL DEPTH _____ 4278
 PLUG BACK DEPTH _____

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 Pumping Well:
 Flowing Pressure on Gas _____ lbs./sq.in.
 Flowing Pressure on Tg. _____ lbs./sq.in.
 Shut-in Pressure _____ in.
 Size of Stroke _____ in.
 Size of Tg. _____ in. No. feet run _____
 Diameter of working barrel _____ inches
 Number of strokes per minute _____
 Length of stroke used _____ inches

For Flowing Well:
 Flowing Pressure on Gas _____ lbs./sq.in.
 Flowing Pressure on Tg. _____ lbs./sq.in.
 Shut-in Pressure _____ in.
 Size of Stroke _____ in.
 Size of Tg. _____ in. No. feet run _____
 Diameter of working barrel _____ inches
 Number of strokes per minute _____
 Length of stroke used _____ inches

Flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device?
 Depth of Pump _____ feet
 Size Tg. _____ in. No. feet run _____
 Diameter of working barrel _____ inches
 Number of strokes per minute _____
 Length of stroke used _____ inches

TEST RESULTS: Bbls. oil per day _____	API Gravity _____
Gas Vol. _____ Mcf/day	Gas-Oil Ratio _____
B.S. & W. _____ %	Gas Gravity _____ (Corr. to 15.025 psi @ 60°F)