

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADOOIL & GAS
CONSERVATION COMMISSION

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 Wildcat Operator British-American Oil Prod Co
County Logan Address Box 180
City Denver 1, State Colorado
Lease Name KOESTER Well No. B-1 Derrick Floor Elevation 4089
Location SE SE Section 29 Township 10 N Range 52 W Meridian 6PM
(quarter quarter)
660 feet from South Section line and 660 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 11-20-58Signed Thomas W. Hogan
Title District Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling 10-18, 1958 Finished drilling 10-28, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>9-5/8</u>	<u>25.6</u>	<u>Armco</u>	<u>44' GL</u>	<u>1 1/2 Cu Yds</u>	<u>24 hrs</u>	<u>30 mins</u>	<u>500</u>

CASING PERFORATIONS

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

TOTAL DEPTH 4963

PLUG BACK DEPTH _____

Oil Productive Zone: From Dry To _____ Gas Productive Zone: From Dry To _____
Electric or other Logs run Yes Date 10-29, 1958
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		
						<u>AJJ</u>
						<u>DVR</u>
						<u>WRS</u>
						<u>HHM</u>
						<u>JAM</u>
						<u>FJP</u>
						<u>JJD</u>
						<u>FILE</u>

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. _____

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?

SEE REVERSE SIDE

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

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

[illegible]