



00210327

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

JAN 5 1958

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 Dailey Operator Pan American Petroleum Corporation Cole 802
County Logan Address Box 458
City Brush State Colorado
Lease Name Lyle Scott Well No. 1 Derrick Floor Elevation _____
Location SW NW Section 3 Township 8N Range 48W Meridian 6 P.M.
(quarter quarter)
feet from _____ Section line and _____ feet from _____ 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 _____; Gas 1
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 January 13, 1958

Signed _____

Title Production Foreman

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

Commenced drilling September 4, 1957 Finished drilling September 11, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	28#	J-55	301	150	24		
5-1/2"	15.5#	J-55	4157	100			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
Jet	-	4112'	4120'

TOTAL DEPTH 4224'PLUG BACK DEPTH -Oil Productive Zone: From _____ To _____ Gas Productive Zone: From 4111 To 4120Electric or other Logs run _____ Date September 11, 1957Was well cored? No

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		
						BVR
						FJK
						WRS
						LHA
						AH
						JJS
						FILE

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. 9500 Mcf/Day; Gas-Oil Ratio _____ Cf/Bbl. of oil
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

T P&A

gas

19-59

all has been
produced

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.

ИНОСТРАНЦАМИ

FORMATION NAME		TOP	BOTTOM	DESCRIPTION AND REMARKS	
Electric Log Tops:					
Upper Muddy	4014				
Muddy	4108				
DST No. 1	4111	4120		Tool open 1 hr. gas to surface in one minute.	
Perforations	4112	4120			
<p>Drilled on: Private Land <input checked="" type="checkbox"/> Federal Land <input type="checkbox"/> State Land <input type="checkbox"/></p> <p>Number of producing wells on this lease including this well: Oil <input type="checkbox"/> Gas <input type="checkbox"/></p> <p>Well completed as: Dry Hole <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/></p> <p>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.</p> <p>Signed _____ Title _____ Date _____</p> <p>The summary on this page is for the condition of the well as above date.</p> <p>Commenced drilling _____ 19____ Finished drilling _____ 19____</p>					
CASING RECORD					
SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.
3-5/8"	28#	1-55	301	150	24
2-1/2"	22.5#	1-55	457	100	
CASING PERFORATIONS					
Type of Change	No. Perforations per ft.	From	To	Zone	
Let	-	4120	4120	4120	
TOTAL DEPTH 4321'					
PLUG BACK DEPTH -					
Oil Productive Zone: From _____ To _____					
Gas Productive Zone: From _____ To _____					
Electric or other logs run _____ Date _____					
Was well cored? <input checked="" type="checkbox"/> No					
Has well sign been properly posted? <input type="checkbox"/> No					
RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT					
DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	FORMATION	REMARKS
			From _____ To _____		

TEST NO ATAC

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