

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



NOV 12 1957

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 None - Wildcat Operator Skelly Oil Company
County Logan Address P. O. Box 310
City Sterling State Colorado
Lease Name J. F. Lindsey Well No. 1 Derrick Floor Elevation 4382
Location NE/4 NE/4 NW/4 Section 30 Township 9N Range 54W Meridian 6th PM
(quarter quarter)
425 feet from N Section line and 3065 feet from E 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 None; Gas NoneWell 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.

Signed J. F. Barry
Date November 8, 1957 Title District Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling October 23, 1957, Finished drilling November 2, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8" OD	22.7#	S.W.S.J.	171'	100	24		100

CASING PERFORATIONS

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

TOTAL DEPTH 5462' PLUG BACK DEPTH None

Oil Productive Zone: From Dry Hole To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Yes - Elgen Log Date November 2, 1957
Was well cored? Yes Has well sign been properly posted? Dry Hole - Not Posted

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)

SEE
REVERSE
SIDE

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

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
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Will Stem Test

None

Was well cared?	Yes
Threats or other facts for	Yes - letter post
The Probative Name:	From my file
This Probative Name:	From my file
Date:	November 2, 1937
	To SF

[illegible]