



GAS CONSERVATION COMMISSION
THE STATE OF COLORADO

RECEIVED
AUG 24 1964

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 Wildcat Operator Jack H. McCollum-Jerry Ryan
 County Logan Address Denver Club Bldg.
 City Denver State Colo.
 Lease Name Baschen Well No. 1 Derrick Floor Elevation 4595 KB
 Location C-NE-NE Section 31 Township 12N Range 55W Meridian C
610 feet from N Section line and 610 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 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 8-20-64 Signed Jack H. McCollum
 Title _____
 The summary on this page is for the condition of the well as above date.
 Commenced drilling 7-14-, 1964 Finished drilling 7-20-, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8			170	125			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		DVR
		From	To	
				WRS
				HMM <input checked="" type="checkbox"/>
				JAM
				FJP
				JD <input checked="" type="checkbox"/>
				FILE

TOTAL DEPTH 5837 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run Electrolog Date 7-20-64, 19____
 Was well cored? yes 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		

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?

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)

