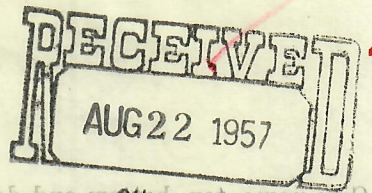


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Minto-Welt Operator Petroleum, Inc.
County Logn Address 860 Petroleum Club Building
City Denver State Colorado

Lease Name Rodeman Well No. 1 Derrick Floor Elevation 109h
Location Lot 1 Section 3 Township 8 N Range 53 W Meridian 6th p.m.
(quarter quarter)
660' feet from North Section line and 660' feet from East Section Line
Nor 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.

Signed Carl M. Bonhoe
Date August 21, 1957 Title District Landman

The summary on this page is for the condition of the well as above date.
Commenced drilling July 19, 19 57 Finished drilling July 27, 19 57

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8 5/8"</u>	<u>18.1#</u>	<u>DD</u>	<u>248'</u>	<u>140</u>	<u>24</u>		

CASING PERFORATIONS

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

TOTAL DEPTH 4961' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19 _____
Was well cored? _____ 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 _____

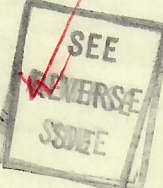
For Flowing Well:

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? _____

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)



B-8N-5300

INSTRUCTIONS

SIZE	WT. PER FT.	GRADE	DEPTH LAINED	NO. SKS. CNT.	W.O.C.	Time	Pressure Test
1 5/8"	18.12	QD	281	110	24		

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

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT					
DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	NONE		REMARKS
			From	To	