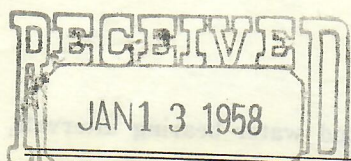


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

~~CONFIDENTIAL~~

OIL & GAS

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
County JACKSONOperator BILL TOMBERLIN
Address PATTERSON BLDG
City DENVERState COLOLease Name HILLSLAND & CATTLE COLocation C SE SE Section 32 Well No. 1 Derrick Floor Elevation 8888
(quarter quarter) Township 6N Range 79W Meridian 6th660 feet from S Section line and 660 feet from E Section Line
Nor S E or WDrilled on: Private Land ☒ Federal Land ☐ State Land ☐Number of producing wells on this lease including this well: Oil 0; Gas 0Well completed as: Dry Hole ☒ Oil Well ☐ Gas Well ☐ Temporarily aban.

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 1-10-58Signed [Signature]
Title asst. to Bill Tomberlin

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

Commenced drilling Dec 4, 1957, 19____ Finished drilling Jan 7, 1958, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	24#	N--80	80feet	cem to surf.	12hr		

CASING PERFORATIONS

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

TOTAL DEPTH _____

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From 858 To 1040Electric or other Logs run yes Date 1-4-58, 19____Was 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		
	none					

Results of shooting and/or chemical treatment: none

DATA ON TEST

Test Commenced _____ A.M. or P.M. _____ 19____ Test Completed _____ A.M. or P.M. _____ 19____

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? _____

TEST RESULTS: Bbls. oil per day _____ API Gravity _____
Gas Vol. 2,000 Mcf/Day; Gas-Oil Ratio dry Cf/Bbl. of oil _____
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

~~CONFIDENTIAL~~

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