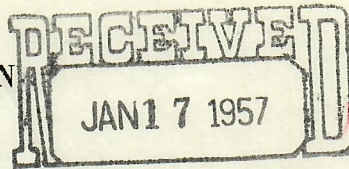




00208582

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 William D. Hewit
County Jackson Address 1636 Welton
City Denver State Colorado

Lease Name Government Well No. 1 Derrick Floor Elevation 8962
Location NENE SW Section 21 Township 6N Range 79W Meridian 6
(quarter quarter)

2970 feet from North Section line and 2310 feet from West 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 None
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 12-31-56 Signed _____
Title Geologist

The summary on this page is for the condition of the well as above date.
Commenced drilling November 26, 19 56 Finished drilling December 15, 19 56

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10 3/4	32.75		165	84	12		0

CASING PERFORATIONS

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

TOTAL DEPTH _____	PLUG BACK DEPTH _____
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Oil Productive Zone: From None To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Electric - Microlog Date 12-15, 19 56
Was well cored? Yes Has well sign been properly posted? Yes

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:

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