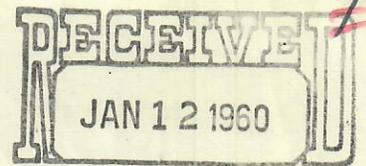


OIL AND GAS COMMISSION  
OF THE STATE OF COLORADO



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 Ancora Corporation  
County Routt Address 635 Petroleum Club Building  
City Denver 2 State Colorado

Lease Name Morris Well No. 1 Derrick Floor Elevation 6609  
Location NE SE Section 14 Township 6 North Range 86 West Meridian 6th P.  
1766 feet from South Section line and 664.29 feet from East 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 January 11, 1960 Signed \_\_\_\_\_  
Title Geologist

The summary on this page is for the condition of the well as above date.  
Commenced drilling December 1, 1959 Finished drilling December 19, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
9-5/8"	32#		300'	290			
7"	23#		2973'	75			
Recovered 2258' of 7" casing.							

CASING PERFORATIONS

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

TOTAL DEPTH \_\_\_\_\_ PLUG BACK DEPTH \_\_\_\_\_

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
Electric or other Logs run \_\_\_\_\_ Date \_\_\_\_\_, 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		
						AJJ
						DVR
						WRS
						HHM
						JAM
						FJP
						JJD
						FILE 19

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. \_\_\_\_\_  
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)

