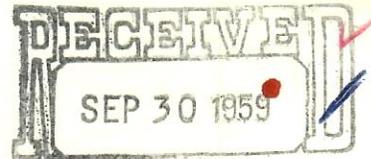


OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



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 Canadian River Operator Cabeen Exploration Corporation
County Jackson Address 945 Petroleum Club Building
City Denver 2, State Colorado

Lease Name Blevins "A" Well No. 8 Derrick Floor Elevation 8031
Location NE NE Section 10 Township 9N Range 78W Meridian 6th
850 feet from N Section line and 410 feet from E Section Line

Drilled on: Private Land [x] Federal Land [] State Land []
Number of producing wells on this lease including this well: Oil 5; Gas 2
Well completed as: Dry Hole [] Oil Well [x] 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 September 28, 1959 Signed [Signature] Title Dist. Drilling & Production Manager

The summary on this page is for the condition of the well as above date.
Commenced drilling May 15, 1959 Finished drilling May 31, 1959

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi)

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone To, and a list of perforation zones (AJJ, DVR, WRS, HHM, JAM, FIP, JJD, FLE) with checkmarks.

Oil Productive Zone: From 1967 To 2040 Gas Productive Zone: From To
Electric or other Logs run ES, ML Date May 31, 1959
Was well cored? Has well sign been properly posted? yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS

Results of shooting and/or chemical treatment:

DATA ON TEST

Test Commenced 8 A.M. or XXXX June 7, 1959 Test Completed 8 A.M. or XXXX June 10, 1959
For Flowing Well: Flowing Press. on Csg. Pkr. lbs./sq.in.
For Pumping Well: Length of stroke used inches.

If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? Yes

TEST RESULTS: Bbls. oil per day 15 API Gravity 19
Gas Vol. 250 Mcf/Day; Gas-Oil Ratio 17,000 Cf/Bbl. of oil
B.S. & W. trace %; Gas Gravity .6 (Corr. to 15.025 psi & 60°F)

Handwritten 'oil' with a checkmark

FORMATION RECORD

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

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Muddy	1816	1865	Tight ss, no sh., interbedded shale
Dakota	1913	1935	Tight ss, some fl.
Lakota	1967	2040	Mud coarse, ss, good fl. DST #1 2030-2156 Op. 1 1/2 hrs., SI 30 min. GTS 14 min., 7 MCF-4MCF. Rec. 240° 36° free oil, 300° oil and GCM. FP 125-158; SIP 539; HP 1162. DST #2 2000-2016 Op. 1 1/2 hrs. SI 25 min., GTS 2 min., 1850 MCF, OTS 20 min. (spray) FP 482-360; SIP 714; HP 1169.

GASING RECORD

DEPTH (ft)	GRADE	WT. PER YD.	WATER YD.
211	1-25	24	1-1/2
211	1-25	24	1-1/2

GASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	To
1 1/2 in. Jet	1	1913	1935

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	WELL NO.	FORMATION	QUANTITY		REMARKS
			From	To	

DATA ON TEST

Test Completed June 7, 1952 at 8 A.M. or P.M. or N.M. Test Completed June 11, 1952 at 8 A.M. or P.M. or N.M.

Flowing Well: _____

Flowing Press on G. P. L. _____ lbs./sq. in.

Flowing Press on T. P. L. _____ lbs./sq. in.

Size of _____ in No. test run _____

Size of _____ in _____

Shut-in Pressure _____ psi

If flowing well, did this well flow for the entire duration of this test without the use of swap or other artificial flow device? _____

TEST RESULT: Rate of oil per day _____	Gas Gravity _____
Gas Vol. _____ Mcf/day	Gas Gravity _____
Gas OR Ratio _____	Gas Gravity _____