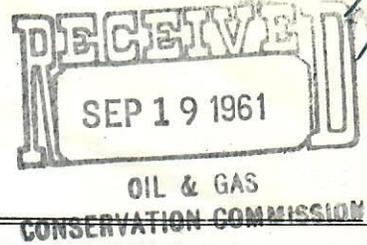




OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO



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 Mack Field Operator Ralph R. Bradley  
 County Mesa Address 1036 North Tuxedo  
 City Indianapolis State Indiana  
 Lease Name No. 2 Globe Guccini Well No. # 2 Derrick Floor Elevation \_\_\_\_\_  
 Location SE 1/4 SW 1/4 Section 12 Township 2N Range 3W Meridian Special  
 (quarter quarter) feet from \_\_\_\_\_ Section line and \_\_\_\_\_ feet from \_\_\_\_\_ 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 \_\_\_\_\_; Gas \_\_\_\_\_  
 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 \_\_\_\_\_  
 Date \_\_\_\_\_ Title \_\_\_\_\_

The summary on this page is for the condition of the well as above date.  
 Commenced drilling September, 19 59 Finished drilling October, 19 59

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>4 1/2</u>	<u>9 lb.</u>	<u>New</u>	<u>1675'</u>	<u>110 sacks</u>	<u>straight</u>	<u>36 hours</u>	<u>2800</u>

CASING PERFORATIONS

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

TOTAL DEPTH 1675' PLUG BACK DEPTH Surface

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
 Electric or other Logs run None Date \_\_\_\_\_ 19 \_\_\_\_\_  
 Was well cored? \_\_\_\_\_ Has well sign been properly posted? 5ft. underground

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

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? \_\_\_\_\_

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)

# 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.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Meneos shale	0	1675'	