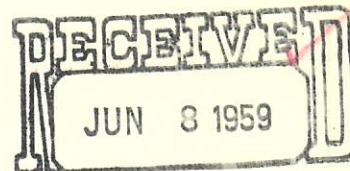


OIL AND GAS
OF T.COMMISSION
ADOOIL & GAS
CONSERVATION COMMISSION

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 Angels Operator John Bockhold
County Lib. Blaine Address 312-17 Street
City DENVER State Colo.
Lease Name HEYLEY MARY E Well No. 8 Derrick Floor Elevation _____
Location WELL 48 Section Lot 17 SEC 2 Township 1 No Range 102 W Meridian 6 P.M.
520 (quarter quarter) feet from NORTH Section line and 500 feet from SOUTH 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 2; 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.

Date June 5 Signed John Bockhold
Title _____

The summary on this page is for the condition of the well as above date.
Commenced drilling JUN 18 - 1958, 1958 Finished drilling July 8 - 1958, 1958

CASING RECORD

| SIZE | WT. PER FT. | GRADE | DEPTH LANDED | NO. SKS. CMT. | W.O.C. | PRESSURE TEST | |
|------|-------------|-------|--------------|---------------|--------|---------------|-----|
| | | | | | | Time | Psi |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CASING PERFORATIONS

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

TOTAL DEPTH 2500

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19____
Was well cored? _____ 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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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: 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)

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 |
|----------------|-----|--------|--|
| | | | <p><i>Completed 150 feet and Abandoned</i></p> |