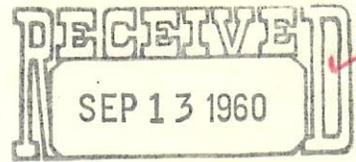




OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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 Gulf Oil Corporation
 County Moffat Address Production Department, Box 1346
 City Salt Lake City State Utah
 Lease Name Madera Federal Well No. 2 Derrick Floor Elevation 7151'
 Location NE NE Section 26 Township 9N Range 90W Meridian 6th PM
 (quarter quarter) feet from North Section line and 510 feet from East Section Line
660' 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.

Date September 12, 1960 Signed [Signature]
 Title Area Production Manager

The summary on this page is for the condition of the well as above date.
 Commenced drilling 8-25, 1960 Finished drilling 9-4, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24	A	229'	150	24 hrs		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		FILE
		From	To	
				HHM
				JAM
				FJP
				JJD
				FILE

TOTAL DEPTH 4400' PLUG BACK DEPTH _____

Oil Productive Zone: From None To _____ Gas Productive Zone: From None To _____
 Electric or other Logs run Induction, Gamma-Ray, MicroLog Date September 2-3, 1960
 Was well cored? No 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)

SEE REVERSE SIDE

