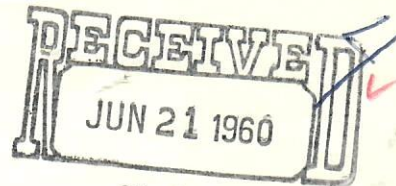


OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

## 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 KIMBARK EXPLORATION COMPANY  
County Washington Address 201 University Blvd.  
City Denver State Colorado  
Lease Name Miller Well No. 1 Derrick Floor Elevation 4442 KB  
Location NW NW Section 10 Township 2N Range 54W Meridian 6th  
660 feet from North Section line and 660 feet from West 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 June 20, 1960Signed [Signature]  
Title President

The summary on this page is for the condition of the well as above date.

Commenced drilling June 8, 1960 Finished drilling June 11, 1960

## CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	24# <u>X</u>	<u>S.W.</u>	<u>129'</u>	<u>120</u>			

## CASING PERFORATIONS

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

TOTAL DEPTH 4857'

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		
						AJJ
						DVR
						WRS
						HHM
						JAM
						FJP
						JJD 19 <input checked="" type="checkbox"/>
						FILE

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:

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 \_\_\_\_\_

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



## 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
D	4680'		Water
J	4756'		Water
			DST #1 4775-78' Open 1 hr, Shut In 15 min. Good blow thruout. Recovered 58' watery mud, 1396' water. IF 149#, FFP 600#, SIP 1170#.
			DST #2 4689-93 Open 1 hr, Shut In 15 min. Recovered 19' Muddy water, 2100' water.