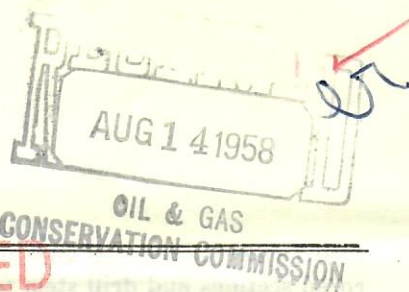




OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



INSTRUCTIONS

SCANNED

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 _____ Operator Petroleum, Inc.
County Washington Address 860 Petroleum Club Bldg.
City Denver State Colorado
Lease Name Findies Well No. 1 Derriek Floor Elevation 4536
Location C SW NW Section 18 Township 2N Range 5W Meridian 6E
1980 (quarter quarter) 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 _____; 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 August 13, 1958

Signed Carl M. Bomhauer
Title District Landman

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

Commenced drilling 7/31, 1958 Finished drilling 8/1, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	19.64		188'	115	24		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		AJJ
		From	To	
				DVR
				WRS
				HHM
				JAM
				FJP
				UJD
				FILE
TOTAL DEPTH <u>5100</u>		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
Niobrara	41140		There were no cores or drill-stem tests on this well.
Carlile	4530		
Greenhorn	4616		
Bentonite	4846		
"D" Sadd	4935		
"J" Sand--	5014		
Log TD	5081		