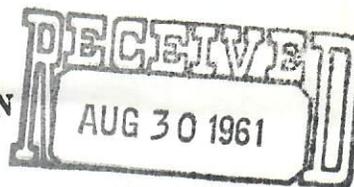




OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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 HLM Drilling Co. and Petan Co.
County Logan Address 918 Patterson Bldg., Denver, Colo.
City _____ State _____

Lease Name State-Budin (OG 61/6091) Well No. 1 Derrick Floor Elevation 4384
Location C SW NE Section 36 Township 9N Range 55W Meridian 6
(quarter quarter)
1998 feet from N Section line and 1983 feet from E 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 Aug. 28, 1961 Signed J. F. Mullin
Title Vice-President

The summary on this page is for the condition of the well as above date.
Commenced drilling Aug. 7, 1961 Finished drilling Aug. 13, 1961

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24		88	75			

CASING PERFORATIONS

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

TOTAL DEPTH 5475 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run yes Date 8-13, 1961
Was well cored? no 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

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced A.M. or P.M. 1961 Test Completed A.M. or P.M. 1961
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	4440		No cores or drillstem tests taken
Carlile	4830		
Greenhorn	5025		
Bentonite	5193		
"D" Sand	5285		
"J" Sand	5395		
Skull Creek	5466		

RESULTS OF SHOOTING AND/OR CHEMICAL TESTS

DATE	TYPE OF TEST	QUANTITY	RESULTS

RESULTS OF SHOOTING AND/OR CHEMICAL TESTS

Was well cased? Yes No

Electric or other logs run? Yes No

Drilled on? Yes No

Number of producing wells in the lease? 0 1 2 3 4 5 6 7 8 9 10

Well completed? Yes No

The information given herein is a complete and correct record of the information given to the Bureau of Land Management.

Date: _____

Comments on this page for the Bureau of Land Management: _____

BUREAU RECORDS