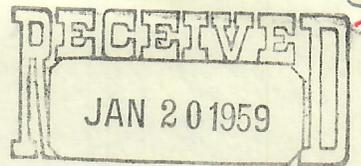




OIL AND GAS COMMISSION OF THE STATE OF COLORADO



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 Wildcat Operator Cabeen Exploration Corporation
County Routt Address 945 Petroleum Club Building
City Denver 2 State Colorado
Lease Name Franklin Well No. 1 Derrick Floor Elevation 7164
Location SE SW NW Section 7 Township 6N Range 86W Meridian 6th
2246 (quarter quarter) feet from Section line and 899 feet from Section Line

Drilled on: Private Land [X] Federal Land [] State Land []
Number of producing wells on this lease including this well: Oil None; Gas
Well completed as: Dry Hole [X] 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 1/19-59 Signed P.J. Westrup
Title P.J. Westrup, Division Engineer

The summary on this page is for the condition of the well as above date.
Commenced drilling July 4, 1958 Finished drilling August 31, 1958

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., and PRESSURE TEST (Time, Psi). Row 1: 13-3/8, 32.75, H, 30', 20, -, All, DVR, WRS, HHM, JAM, FJP, JJD, FILE.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes TOTAL DEPTH 4520 and PLUG BACK DEPTH --.

Oil Productive Zone: From -- To -- Gas Productive Zone: From -- To --
Electric or other Logs run GRN Date August 31, 1958
Was well cored? No Has well sign been properly posted? No

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS.

Results of shooting and/or chemical treatment: --

No significant shows.

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)

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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	3544	4490	Limey shale
Carlile	4490	TD	Shale

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.
 Well completed as: Dry Hole Oil Well Gas Well
 Number of producing wells on this lease including this well: Oil ; Gas
 Drilled on: Private Land Federal Land State Land
 Section line and feet from _____ feet from _____ (quarter quarter)
 Section line and feet from _____ feet from _____
 Township _____ Range _____
 Lease Name _____
 Location SE 2W 11N Section 7
 Franklin
 County _____
 State _____
 Date _____
 Commanded drilling _____
 The summary on this page is for the condition of the well as above date _____
 F. J. Western, Division Engineer
 August 31, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LAIN	NO. SRS. OMT.	W.O.C.	PRESSURE TEST
13 3/8	32.75	H	30'	50		

TOTAL DEPTH _____ PLUG BACK DEPTH _____
 No. Perforations per ft. _____
 Type of Charge _____
 From _____ To _____
 Zone _____
 No. _____
 Date _____
 Gas Productive Zone: From _____ To _____
 Electric or other logs run _____
 Was well cored? _____
 Has well sign been properly posted? _____
 RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATA ON TEST

Test Completed _____ A.M. or P.M. _____
 Test Commenced _____ A.M. or P.M. _____
 For Pumping Well: _____
 For Flowing Well: _____
 Shut-in Pressure _____
 Size Choke _____ in.
 Size Tpg _____ in. No. feet run _____
 Flowing Press. on Tpg _____ lbs./sq.in.
 Flowing Press. on Gas _____ lbs./sq.in.
 Length of stroke used _____ inches.
 Number of strokes per minute _____
 Diam. of working barrel _____ inches.
 Size Tpg _____ 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 devices? _____
 No significant shows.

TEST RESULTS: Bbls. oil per day _____	API Gravity _____
Gas Vol _____ Mcf/day;	Gas-Oil Ratio _____
B.S. & W. _____ %;	Gas Gravity _____ (Corr. to 15.05 psi & 60°F)
	Gas Density _____