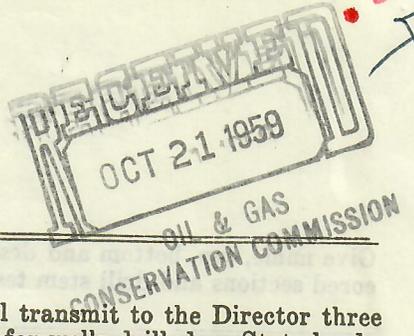


OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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 Sunray Mid-Continent Oil Company
County Routt Address P. O. Box 2692
City Denver 1 State Colorado
Lease Name L. C. Winder Land Company Well No. 1 Derrick Floor Elevation KB-6844
Location NW NW Section 21 Township 7N Range 88W Meridian 6th P.M.
660 feet from N Section line and 660 feet from W Section Line

Drilled on: Private Land [x] Federal Land [] State Land []
Number of producing wells on this lease including this well: Oil 0; Gas 0
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 October 20, 1959 Signed [Signature] Title Production Coordinator

The summary on this page is for the condition of the well as above date.
Commenced drilling September 4, 1959 Finished drilling October 8, 1959

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 10-3/4" OD, 32.75#, H-40, 323', 275, 25 hrs., 30 Min., 1000#

CASING PERFORATIONS

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

Vertical list of codes: AJJ, DVR, WRS, HHM, JAM, FJP, JJD, FILE. JJD has a checkmark.

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

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

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 Ct/Bbl. of oil B.S. & W. %; Gas Gravity (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

