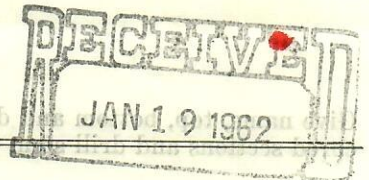


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Falcon Operator Continental Oil Company
County Logan Address P.O. Box 811
City Fort Morgan State Colorado
Lease Name Fehringer Well No. 1 Derrick Floor Elevation 4474'
Location SE SE Section 34 Township 12N Range 52W Meridian 6th
(quarter quarter)
662 feet from S Section line and 651 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 0; 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 1-17-62 Signed C. E. Robertson
Title District Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling 12-28-, 1961 Finished drilling 1-6-, 1962

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	19.64	Slip Jt	156 RBM	100	17 Hrs	30 Min	500

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	AJJ	DVR	WRS	HHM	JAM	FJP	JJD	FILE
TOTAL DEPTH <u>5481'</u>		PLUG BACK DEPTH _____										
Oil Productive Zone: From _____ To _____		Gas Productive Zone: From _____ To _____										
Electric or other Logs run <u>IES & Micro Logs</u>		Date <u>1-3 and 1-5</u>										
Was well cored? <u>No</u>		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:

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 _____

If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? _____

For Pumping Well:

Length of stroke used _____ inches.

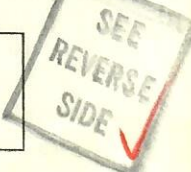
Number of strokes per minute _____

Diam. of working barrel _____ inches

Size Tbg. _____ in. No. feet run _____

Depth of Pump _____ feet.

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 REPORT

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SRS. GMT.	W.O.C.	Time	Pressure Test
2 5/8	19.64	Slip 14	156 ft	100	17 ft	30 min	500

Was well covered?	No	Has well sign been properly posted?	
Electric or other logs run	IES & Micro logs	Date	1-3 and 1-4
Oil Productive Zone: From	To	Gas Productive Zone: From	To

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