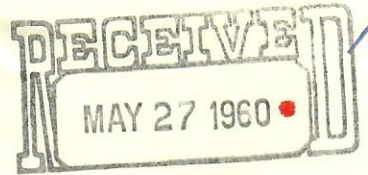


OIL AND GAS
OF THE STATE



COMMISSION
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 Cabeen Exploration Corporation
County Logan Address 945 Petroleum Club Building
City Denver 2, State Colorado
Lease Name Whittier Well No. 1 Derrick Floor Elevation 4186
Location C N/2 NE/4 Section 27 Township 9N Range 53W Meridian 6th PM
(quarter quarter)
660 feet from N Section line and 1320 feet from E Section Line
Nor 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 0
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 May 26, 1960 Signed Paul J. Upstun
Title Dist. Drilling & Production Manager

The summary on this page is for the condition of the well as above date.
Commenced drilling 11/29, 19 59 Finished drilling 12/3, 19 60

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24	J	115'	80	8		

CASING PERFORATIONS

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

TOTAL DEPTH 5015 PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Ind. -E. S. & Micro Log Date December 3, 19 59
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		

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? _____

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)

AJ
DVR
WRS
HHM
JAM
FJP
IND
FILE

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	3972	4354	
Dakota "D"	4816	4846	f.g. ss., spotty shows, good P&P
Dakota "J"	4922	4992	f.g. ss., spotty shows, poor P&P
			No cores
			DST 4818-31; recovered 310' muddy water w/scum of dead oil.
			FP ... 18-135
			SIP ... 1146

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST
2-5/8"	24	1	113'	80	8	

TYPE OF CHARGE	NO. PERFORATIONS PER FT.	FROM	TO

TOTAL DEPTH 3013
PLUG BACK DEPTH

Oil Productive Zone: From _____ To _____
Gas Productive Zone: From _____ To _____
Electric or other logs run _____
Was well cored? No

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE	FORMATION	REMARKS
			From	To	

TEST ON TEST

Test Commenced _____ A.M. or P.M. _____
Test Completed _____ A.M. or P.M. _____
Flowing Well: _____
Flowing Press. on Gage _____ lbs./sq.in.
Flowing Press. on Tg. _____ lbs./sq.in.
Size Tg. _____ in. No. test run _____
Size Choke _____ in.
Shut-in Pressure _____
Depth of Pump _____ feet
Diam. of working barrel _____ inches
Number of strokes per minute _____
Length of stroke used _____ inches

TEST RESULTS: Bbls. oil per day _____	API Gravity _____
Gas Vol. _____ Mcf/day _____	Gas-Oil Ratio _____
B.S. & W. _____ %	Gas Gravity _____ (Corr. to 15.625 psi & 60°F)