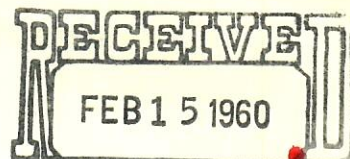


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Caswell Silver 78990
County Logan Address 1430 Denver Club Bldg.
City Denver 2, State Colorado
Lease Name Lloyd E. Crow Well No. 1 Derrick Floor Elevation 4360 KB
Location C-NW-NE Section 33 Township 9N Range 54W Meridian 6th P. M.
660 feet from North Section line and 1 980 feet from East 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 December 19, 1959

Signed _____

Title _____

The summary on this page is for the condition of the well as above date.

Commenced drilling December 12, 1959 Finished drilling December 19,, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	32#	A-40	190'	110'	8		

CASING PERFORATIONS

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

TOTAL DEPTH _____

PLUG BACK DEPTH _____

Oil Productive Zone: From -0- To _____ Gas Productive Zone: From -0- To _____
Electric or other Logs run Induction & Micro Date Dec. 19,, 1959
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		
	none					AJJ
						DYR
						WRS
						HHM
						JAM
						FJP 19
						JJD inches
						FILE

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. _____
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	4353	4700	Limy shale
Carlile	4700	4898	Dk. grey shale
Greenhorn	4898	4907	Limestone
Graneras	4907	5148	Dk. gy. shale
D	5148	5183	Sand and Shale
Huntsman	51 83	5260	Shale
J	5260	5316	Sand
Skull Creek	5316	T. D.	Shale