



Apply for Patented and Federal lands.
File in quadruplicate for State lands.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
Edward Mike Davis d/b/a Tiger Oil Company

3. ADDRESS OF OPERATOR
1810 First National Bank Bldg., Denver, Colo., 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface NE $\frac{1}{4}$ NE $\frac{1}{4}$ - 660' FNL; 660' FEL
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO. _____

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Summy

9. WELL NO.
#1-2

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
2 - T3S - R59W

14. PERMIT NO. 71-112 DATE ISSUED 2/23/71

12. COUNTY Adams 13. STATE Colorado

15. DATE SPUDDED 2/23/71 16. DATE T.D. REACHED 3/1/71 17. DATE COMPL. (Ready to prod.) 3/1/71 (Plug & Abd.)
18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 5092' GR 19. ELEV. CASINGHEAD 5092'
20. TOTAL DEPTH, MD & TVD 6335' 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 6335' CABLE TOOLS None

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)
Dry Hole

25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electrical Log and Compensated Formation Density
WAS WELL CORED YES NO (Submit analysis)
DRILL STEM TEST YES NO (See reverse side)

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	100'KB	12 1/4"	100 sacks	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS
Geological Report; Logs

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Robert O. Karl TITLE Geologist DATE 3/3/71
ROBERT O. KARL

37. SUMMARY OF POROUS ZONES:
 SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
<p>Please see attached Geological Report.</p>			

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
<p>Please see attached Geological Report.</p>		