



FOR OGCC USE ONLY

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JAN 27 1997
STATE OF COLORADO, OIL & GAS CONSERVATION COMMISSION
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DRILLING COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report). If the well has been plugged, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: 95620		4. Contact Name & Phone	
2. Name of Operator: WESTERN OPERATING COMPANY		STEVEN D JAMES	
3. Address: 518 - 17TH ST., SUITE 1680		No: 303/893-2438	
City: DENVER	State: CO	Zip: 80202	Fax: 303/629-5735
5. API Number: 05- 001-9343 ✓		6. County: ADAMS ✓	
7. Well Name: MADDERN		Number: 1-1 ✓	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE SEC. 22: T3S-R58W 6TH P.M. ✓			
Footage at Surface: 2310' FNL & 990' FEL		9. Was a directional survey run? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
If directional, footage at Top of Prod. Zone:			
If directional, footage at Bottom Hole:			
10. Field Name: ROMAN NOSE NORTH		Field Number: 74604 ✓	
11. Federal, Indian or State lease number:			
12. Spud Date: 01/09/97		13. Date TD Reached: 01/13/97	
14. Date Completed or D&A: 01/14/97			
16. Total Depth: MD 5882+VD 5882'		17. Plug Back Total Depth: MD TVD	
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Elevations: GR 4964' KB 4975	
** A copy of all electric and mud log runs must be submitted.			
20. List Electric Logs Run: ✓ DIL, CND ✓			

Complete the Attachment Checklist

	Oper	OGCC
Electric Logs (1 full set required)	X	✓
Casing Cement Job Summaries	X	✓
Directional Survey		
Geologic Report	X	✓
Mud Log		
DST Report	X	✓
Core Analysis		
Other		

15. **Well Classification**

Dry Oil Gas Coalbed

Stratigraphic Disposal

Enhanced Recovery

Gas Storage Observation

Other:

CASING, LINER and CEMENT

21. Submit contractor's cement job summary for each string cemented.

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Cement Interval		Identify Method	
							Top	Btm	CBL	Calc
Surface 1st	12-1/4"	8-5/8"	24#	SFC	315'	186	SFC	304'		X
Stage Cement										
2nd										
Stage Cement										
3rd										
Stage Cement										
1st Liner										
2nd Liner										

FORMATION LOG INTERVALS and TEST ZONES

22. *** All DST and Core analysis must be submitted to COGCC. ***

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
NIOBRARA	4790				
GREENHORN	5355				
X-BENTONITE	5586				
D SAND	5682				
J SAND	5731		X		
TD	5882				

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name STEVEN D JAMES
 Signed [Signature] Title: VICE PRESIDENT Date: 01/24/97

