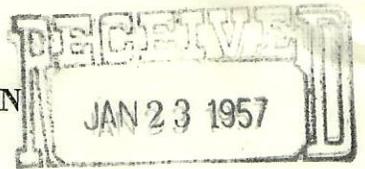


OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



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 North Craig County Moffat Operator Gulf Oil Corporation Address Production Dept., P. O. Box 2097 City Denver State Colorado Lease Name North Craig-State Well No. 1 Derrick Floor Elevation 6316' Location NE-NE Section 34 Township 8 North Range 90 West Meridian 6th P.M. 660 feet from North Section line and 660 feet from East Section Line

Drilled on: Private Land [] Federal Land [] State Land [x] Number of producing wells on this lease including this well: Oil 0; Gas 0 Well completed as: Dry Hole [x] 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 1-22-57 Signed [Signature] Title Zone Drilling Engineer

The summary on this page is for the condition of the well as above date. Commenced drilling 1-1, 19 57 Finished drilling 1-7, 19 57

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8-5/8, 24, J-55, 320', 175, 24, 15, 1000

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a vertical list of zones: ASJ, DVR, FJK, WRS, HHM, AH, JJD, FILE.

Oil Productive Zone: From Dry Hole To Gas Productive Zone: From - To - Date 1-7 and 1-9, 19 57 Was well cored? No Has well sign been properly posted? Yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS. Row 1: None

Results of shooting and/or chemical treatment: -

DATA ON TEST

Test Commenced A.M. or P.M. Dry Hole - Plugged 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 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.

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)

OIL AND GAS CONSERVATION COMMISSION
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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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Ft. Union	0	2005	Sandstone and shale
Lance	2005	2470	Sandstone, some siltstone and shale
Lewis	2470)		
Fox Hills	2550)	3000 TD	Shale, some silt
	No Cores	Taken.	
<p>DST No. 1, 2298' to 3000', tool open 2 hours, recovered 780' fresh water, no gas or oil.</p>			

DATA ON TEST

Test Commenced _____ AM on _____ Date Completed _____ AM on _____ Date
 Test Location _____
 Flowing Press on _____
 Flowing Press on _____
 Size of _____
 Size of _____
 Shut-in Pressure _____
 Flowing well and this well flow for the entire duration of the test without the use of swab or other artificial flow device.

TEST RESULTS: _____	DATE: _____
_____	_____
_____	_____