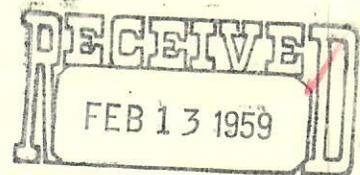


- 3 - OGCC
- 1 - Eastern Carmi
- 1 - File
- 5 - Shell

**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF 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 Hirst Operator Eastern Petroleum Company
 County Washington Address 2520 1st Nat'l. Bk. Bldg.
 City Denver 2 State Colorado

Lease Name Oscar Hoss Well No. 1 Derrick Floor Elevation 4768
 Location Center SE/4 NE/4 Section 15 Township 3S Range 55W Meridian 6th P.M.
 (quarter quarter)
1994 feet from North Section line and 660 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 None; Gas None
 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 February 12, 1959 Signed J. Stutzman
 Title Assistant Division Engineer

The summary on this page is for the condition of the well as above date.
 Commenced drilling February 3, 1959 Finished drilling February 9, 1959

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	28.00	H40	88'	60	24		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
TOTAL DEPTH <u>4980</u>		PLUG BACK DEPTH	

ALL	
DVR	
WRS	
HHM	
IAM	✓
FJP	
JJD	
FILE	✓

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run _____ Date _____, 19____
 Was well cored? _____ 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: 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? _____

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)



