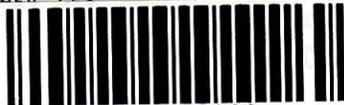


APR 001-10166 RECEIVED



MENT OF NATURAL RESOURCES

E STATE OF COLORADO

icate for Patented and Federal lands. Duplicate for State lands.



APR 2 5 1985

COLO. OIL & GAS COM. 2011/11

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL [] GAS WELL [] DRY [X] Other []

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

2. NAME OF OPERATOR: Conoco Inc.

3. ADDRESS OF OPERATOR: 907 N. Poplar, Casper, WY 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 330' FNL, 330' FWL, NW/NW At top prod. interval reported below Same At total depth Same

5. LEASE DESIGNATION AND SERIAL NO. 57-982

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO. State 16

10. FIELD AND POOL, OR WILDCAT 1

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Big Beaver/Precambrian

12. COUNTY 13. STATE Washington CO

14. PERMIT NO. 85-248 DATE ISSUED 2/27/85

15. DATE SPUDDED 3/4/85 16. DATE T.D. REACHED 3/29/85 17. DATE COMPL. (Ready to prod.) 3/30/85 18. ELEVATIONS (DF, REB, RT, GR, ETC.) GL 4,705' 19. ELEV. CASINGHEAD 4,705'

20. TOTAL DEPTH, MD & TVD 8,663' 21. PLUG, BACK T.D., MD & TVD 0' 22. IF MULTIPLE COMPL., HOW MANY 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) NA 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN DIL-Acoustic; FDC-CNL-GR-Cal. 27. WAS WELL CORED YES [] NO [X] (Submit analysis) DRILL STEM TEST YES [] NO [X] (See reverse side)

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Row 1: 9 5/8", 36#, 597', 12 1/4", 280 sacks Class "G", None

Table with 6 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD). Row 1: None, None, None, None, None, None, None, None

Table with 2 columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Row 1: NA, NA

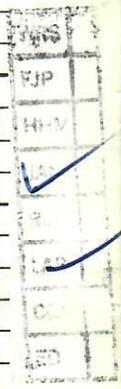
Table with 8 columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO. Row 1: NA, NA, P&A, NA, NA, NA, NA, NA, NA, NA, NA, NA

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

35. LIST OF ATTACHMENTS 1) Plugging Procedure, 2) Plugging Verification

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

SIGNED [Signature] TITLE Admin. Supervisor DATE 4/16/85



Handwritten mark at the bottom left corner

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