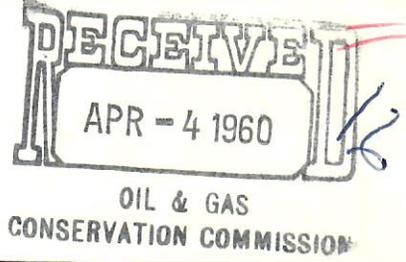
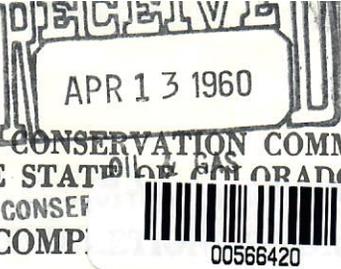


OG-57 (Rev. 1-5-59)



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO CONSERVATION COMMISSION WELL COMP.



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 Casper Operator William J. Bennett
County _____ Address 330 Geesey
City Denver 20 State Colo
Lease Name Mary E. Hegley Well No. 5 Derrick Floor Elevation _____
Location S.E 1/4 Section 2 Township 110 N 1/4 Range 102 W Meridian 6 PM
80 feet from NORTH Section line and 65 feet from WEST Section Line
N or S 5 E or W

Drilled on: Private Land Federal Land State Land
Number of producing wells on this lease including this well: Oil _____; Gas _____
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 April 1 - 1960 Signed William J. Bennett
Title Owner & Operator

The summary on this page is for the condition of the well as above date.
Commenced drilling July 19, 1959 Finished drilling Mar 21, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>10 3/4</u>		<u>USED</u>	<u>80 FEET</u>				
<u>WELDED STEEL CAP ON TOP SURFACE CASING</u>							

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To

TOTAL DEPTH 3300 FEET PLUG BACK DEPTH _____

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		
						<u>AJJ</u>
						<u>DVR</u>
						<u>WRS</u>

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. _____
For Flowing Well: For Pumping Well:
Flowing Press. on Csg. _____ lbs./sq.in. Length of stroke used _____
Flowing Press. on Tbg. _____ lbs./sq.in. Number of strokes per minute _____
Size Tbg. _____ in. No. feet run _____ Diam. of working barrel _____ inches
Size Choke _____ in. Size Tbg. _____ in. No. feet run _____
Shut-in Pressure _____ 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)

