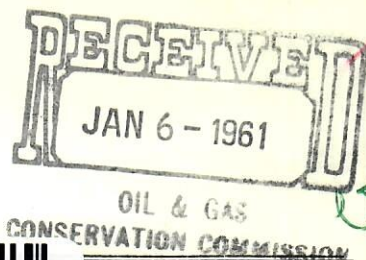


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT

INSTRUCTIONS



00105099

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 Unnamed Forge Operator Patrick A. Doheny
County Morgan Address 136 El Camino
City Beverly Hills, State California
Lease Name Tormohlen Well No. 1 Derrick Floor Elevation 4384
Location SW NW Section 8 Township 2n Range 57W Meridian
(quarter quarter)
1980 feet from N Section line and 660 feet from W Section Line
N or S 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 December 28, 1960Signed [Signature]
Title Geologist

The summary on this page is for the condition of the well as above date.

Commenced drilling November 29, 1960 Finished drilling December 4, 1960

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24#	J-55	237'	125	6 hrs.		

CASING PERFORATIONS

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

TOTAL DEPTH 5535'

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction-electric Date December 4, 1960

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. 1960 Test Completed A.M. or P.M. 1960

For Flowing Well:

For Pumping Well:

Flowing Press. on Csg. _____ lbs./sq.in.

Length of stroke used _____ inches

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)

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.

FORMATION NAME	TOP e-log	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	4721		
Ft. Hays	5020		
Carlisle	5065		
Greenhorn	5128		
"D" Sand	5466		
"J" Sand	5534		
Total depth		5535	
DST #1, 5472	- 5534	open 1 hour, S.I. 30 min. Recovered 20' of mud. IFP 40 psi., FFP 42 psi., FSIP 379 psi.	