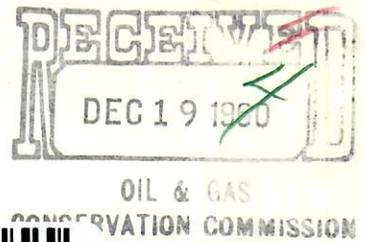




OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



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 Wildcat Operator Petroleum, Inc.
County Morgan Address 860 Petroleum Club Building
City Denver State Colorado
Lease Name Conway Well No. 1 Derrick Floor Elevation 4374
Location C/NW NW Section 8 Township 2N Range 57W Meridian
660 (quarter quarter) feet from north Section line and 660 feet from west Section line

Drilled on: Private Land [X] Federal Land [ ] State Land [ ]
Number of producing wells on this lease including this well: Oil \_\_\_\_\_; Gas \_\_\_\_\_
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 December 15, 1960 Signed Carl M. Beuhler Title District Landman

The summary on this page is for the condition of the well as above date.
Commenced drilling 11-20-60, 19 Finished drilling 11-26, 19 60

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", 183', 125.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes TOTAL DEPTH 5093 and PLUG BACK DEPTH.

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_
Electric or other Logs run no Date \_\_\_\_\_, 19
Was well cored? no Has well sign been properly posted? \_\_\_\_\_

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS.

Results of shooting and/or chemical treatment: \_\_\_\_\_

DATA ON TEST

Test Commenced A.M. or P.M. none 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? \_\_\_\_\_

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)

SEE REVERSE SIDE

## 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	BOTTOM	DESCRIPTION AND REMARKS
			<p>No cores or drill stem tests were taken. No sample tops.                      Lost bit in hole and skidded rig 25' to west for Conway #1-X</p>