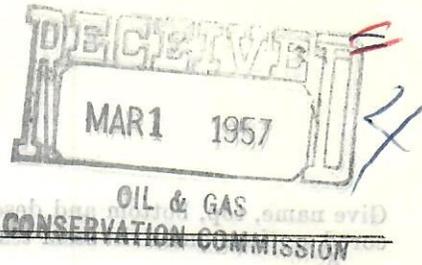




OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



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 INLAND DRILLING CO.
County Washington Address 505 Guaranty Bank Bldg.
City Denver 2, State Colorado
Lease Name J. C. Stolte Well No. 1 Derrick Floor Elevation 4590.4
Location NW NW Section 34 Township 2N Range 54W Meridian 6th p.m.
660 feet from N Section line and 660 feet from W Section Line

Drilled on: Private Land [X] Federal Land [] State Land []
Number of producing wells on this lease including this well: Oil -0-; Gas -0-
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 February 28, 1957 Signed [Signature] Title Vice-President

The summary on this page is for the condition of the well as above date.
Commenced drilling November 16, 1956, 19 Finished drilling November 26, 1956, 19

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi)

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a vertical index on the right with labels AJJ, DVR, FJK, WRS, UHA, AH, JD, FILE.

Oil Productive Zone: From None To Gas Productive Zone: From None To
Electric or other Logs run ES & MW Date
Was well cored? Yes Has well sign been properly posted? Yes

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. 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)

OF THE STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niob	3993		4833-74: Rec 31 blk sh intb w/vfg sd NS; sd varying from few blebs to 50%, 7 1/2 sd fg NS, 1 1/2 intb brn slty mdstn & vfg sd NS No 'J' Sd Core No DST's
Ft H	4382		
Carl	4433		
GnHn	4520		
Bent	4755		
D Sd	4845		
J Sd	4919		
SkCk	5090		

SIZE	WT PER FT	GRADE	DEPTH LANDED	NO. AND CNT	W.O.G.	PRESSURE TEST

TYPE OF CASING	NO. PERFORATIONS PER FT.	FROM	TO

DATE	DEPTH OF CASING USED	QUANTITY	FORMATION	REMARKS

DATA ON TEST

Test commenced at A.M. or P.M. _____ Test completed at A.M. or P.M. _____

For flowing well: _____

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

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

Stroke Per Minute _____

Stroke The _____ in. No. feet run _____

Depth of Pump _____ feet.

If flowing well, did this well flow for its entire duration of this test without the use of swap or other artificial flow device? _____

TEST RESULTS: Bbls. oil per day _____	Gas Vol _____ Mcf/day _____	Gas Gravity _____	(Corr. to 15.052 psi & 60°F)
Gas Vol _____ Mcf/day _____	Gas Gravity _____	API Gravity _____	