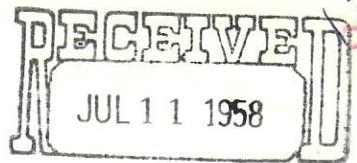


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



WELL COMPLETION REPORT

OIL & GAS
CONSERVATION COMMISSION



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 Apache Oil Corporation
County Morgan Address 823 South Detroit
City Tulsa 20 State Oklahoma

Lease Name Federal Well No. 1 Derrick Floor Elevation 4471'
Location CSW SW Section 2 Township 2-N Range 58-W Meridian 6th P.M.
(quarter quarter)
660 feet from S Section line and 660 feet from W Section Line
Nor S E or W

Drilled on: Private Land Federal Land State Land
Number of producing wells on this lease including this well: Oil 0; Gas 0
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.

Signed Charles S. Johnson
Title Vice-President
INLAND DRILLING CO.

Date July 10, 1958

The summary on this page is for the condition of the well as above date.
Commenced drilling May 15, 19 58 finished drilling May 19, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24 lb.	J-55	98 ft.	75	8 hrs.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	
	NONE				AJJ
					DVR
					WRS
					HIM
					JAM
TOTAL DEPTH <u>2701 - Log</u> PLUG BACK DEPTH _____					FJP
					JJD
Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____					FILE

Electric or other Logs run Schlumberger Date May 19, 19 58
Was well cored? Yes Has well sign been properly posted? Yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
	NONE					

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced A.M. or P.M. NONE 19 58 Test Completed A.M. or P.M. 19 58
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)

