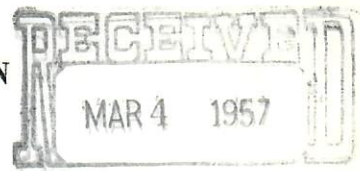


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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 Cutlass Oil Co.
County Morgan Address 707 Kittredge Bldg.
City Denver State Colo.

Lease Name State Well No. 1. Derrick Floor Elevation 4499
Location NW NW Section 36 Township 2N Range 57W Meridian 6
(quarter quarter) Section line and 660 feet from N 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 March 2, 1957 Signed L. D. Graham
Title Geologist

The summary on this page is for the condition of the well as above date.
Commenced drilling February 22, 1957 Finished drilling February 28, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8		used	110'	75	12 hrs.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		AJJ
		From	To	
				DVR
				RJK
TOTAL DEPTH _____		PLUG BACK DEPTH _____		WRS
Oil Productive Zone: From _____ To _____		Gas Productive Zone: From _____ To _____		HHM
Electric or other Logs run _____		Date _____, 19____		AM
Was well cored? _____		Has well sign been properly posted? _____		JJD

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. _____ 19____ Test Completed _____ A.M. or P.M. _____ 19____
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?

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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	4562		
Ft. Hayes	4919		
Carlile	4938		
Greenhorn	8003		
Bentonite	5847		
"D" Sand	5840		
"J" Sand	5408		
Skull Creek	5292		
CASING RECORD			
RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT			

DATA ON TEST

This section is for recording test data. It should include:
 - Date and time of test
 - Name of operator
 - Name of well
 - Depth of test
 - Type of test (e.g., flow test, pressure test)
 - Results of test (e.g., flow rate, pressure drop)
 - Remarks on test conditions and results