



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

RECEIVED
MAR 26 1976

5. LEASE DESIGNATION AND SERIAL NO.
C-11405

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME _____

2. NAME OF OPERATOR
BURTON/HAWKS EXPLORATION CO., LTD.

3. ADDRESS OF OPERATOR
P. O. BOX 359, CASPER, WYOMING, 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface SE NW (1980' FNL, 1980' F'WL)
At top prod. interval reported below
At total depth

COLO. OIL & GAS CONS.

9. WELL NO.
32-1 FEDERAL

10. FIELD AND POOL, OR WILDCAT
WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 32, T9N-R81W

12. COUNTY OR PARISH
JACKSON

13. STATE
COLORADO

14. PERMIT NO. 75-471 DATE ISSUED _____

15. DATE SPUDDED 12-16-75 16. DATE T.D. REACHED 12-23-75 17. DATE COMPL. (Ready to prod.) 12-24-75 P&A

18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 8340 KB, 8330 GL

19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 1964 MD SCHL. 21. PLUG, BACK T.D., MD & TVD _____

22. IF MULTIPLE COMPL., HOW MANY* _____

23. INTERVALS DRILLED BY _____ ROTARY TOOLS X CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
NONE

25. WAS DIRECTIONAL SURVEY MADE YES—EASTMAN

26. TYPE ELECTRIC AND OTHER LOGS RUN I-ES. FDC, DIPMETER

27. WAS WELL CORED NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	176.80 KB	12 1/4"	125 SX. CLASS G REG. CMT	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

DATE OF TEST	HOURS TESTED	CHOKES SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ OIL GRAVITY-API (CORR.) _____

35. LIST OF ATTACHMENTS
I-ES. FDC, DAILY REPORT, EASTMAN DIRECTIONAL SURVEY

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Robert E. Wellborn TITLE EXPLORATION MANAGER DATE 3-24-76

ROBERT E. WELLBORN

*PREVIOUSLY FURNISHED (See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions. Copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
 SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
 DESCRIPTION, CONTENTS, ETC.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
DAKOTA	1837	1876	10-14% POROSITY (DENSITY) NO SHOWS. NO DST	PIERRE SHALE	SURFACE	
LAKOTA	1892	1952	10-19% POROSITY (DENSITY) NO SHOWS. NO DST	NIOBRARA	580	
				CARLILE	1115	
				FRONTIER	1330	
				GRANEROS	1498	
				MOWRY	1692	
				DAKOTA	1837	
				LAKOTA	1892	
				MORRISON	1952	
				TD	1964 SCHL	
					1994 DRLR	