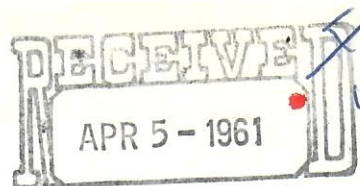


*Reg. ✓
Intervall plugged
permanently*



CONSERVATION COMMISSION
OF THE STATE OF COLORADO



OIL & GAS
CONSERVATION COMMISSION

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 Cabeen Exploration Corporation 12780
County Jackson Address 945 Petroleum Club Bldg.
City Denver 2, State Colorado

Lease Name Johnson Well No. 1 Derrick Floor Elevation 8172
Location NW NW Section 25 Township 9 N Range 79 W Meridian 6th P
(quarter quarter)
679 feet from N Section line and 686 feet from W 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 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.

Date March 30, 1961 Signed [Signature]
Title Dist. Drilling & Production Manager

The summary on this page is for the condition of the well as above date.
Commenced drilling September 13, 19 60 Finished drilling October 17, 19 60

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10-3/4	32.75	H	346	290	24		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		FILE
		From	To	
				HHM
				JAM
				FJP ✓
				JJD ✓
TOTAL DEPTH	XXXXXX 7553	PLUG BACK DEPTH	P & A	FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Ind. -E.S., M.L., DM Date October 17, 19 60
Was well cored? NO Has well sign been properly posted? _____

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: 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)

✓

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
Coalmont	SFC.		
Pierre	5023		
Pierre "B" ss	6534		
T. D.	7553		<p>No cores.</p> <p>DST #1 - 3026-53 (Coalmont)</p> <p>360' water.</p>