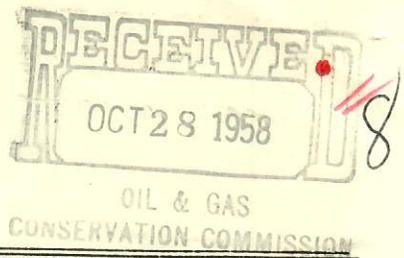


OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



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 _____ Operator Falcon Seaboard Drilling Company
County Weld Address 2430 First National Bank Building
City Denver, State Colorado

Lease Name Graybill-Brauer Well No. #1 Derrick Floor Elevation 4548
Location SE NE Section 13 Township 9N Range 57W Meridian 6th
1982 feet from North Section line and 660 feet from East Section Line

Drilled on: Private Land [X] Federal Land [] State Land []
Number of producing wells on this lease including this well: Oil _____; Gas _____
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 October 23, 1958 Signed W.K. Whiteford, Jr.
Title Landman

The summary on this page is for the condition of the well as above date.
Commenced drilling 7/11, 1958 Finished drilling 7/18, 1958

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 TOTAL DEPTH 5959 and PLUG BACK DEPTH.

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run yes Date 7/18, 1958
Was well cored? _____ 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)

SEE REVERSE SIDE

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
Hygiene	3115		
Niobrara	5058		
Ft. Hays	5348		
Carlile	5395		
Greenhorn	5546		
"D" Sand	5859		
"J" Sand	5931		
TD	5959		
			<p style="text-align: center;">Drill Stem Test</p> <p>593-447-75' str packer w 595.75 T.D. Open 1½ hrs. gas to surface in 3 minutes; gaged a maximum bolw of 3½ MMCFG/day after 15 minutes; mud mist to surface after 15 minutes, then after 35 minutes the gas contained a heavy water mist with puffs of yellow oil mist appearing less than 10% of the time. Recovered 90' of oil and 380' of brackish water in bottom of pipe. FP. 952 to 1282 SIP 1542 (20 Min). Bottom packer held and pressure below it bled to 1800#. HP3106#.</p>

TEST RESULTS: Oil or gas? _____
 Gas Vol. _____
 Gas Gravity _____
 (See page 10 for details)