

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 _____
2. NAME OF OPERATOR Lynco Oil Corporation					
3. ADDRESS OF OPERATOR 7890 E. Prentice Ave. Englewood, Colorado 80110					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' FSL and 1650' FWL At top prod. interval reported below SAME At total depth SAME					
14. PERMIT NO.		DATE ISSUED 12-17-75			
15. DATE SPUDDED 12-17-75		16. DATE T.D. REACHED 12-20-75		17. DATE COMPL. (Ready to prod.) 9-15-76	
18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 7303' RKB		19. ELEV. CASINGHEAD 7293			
20. TOTAL DEPTH, MD & TVD 3014		21. PLUG, BACK T.D., MD & TVD 2990		22. IF MULTIPLE COMPL., HOW MANY* →	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-3014		CABLE TOOLS NONE	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2950-2960 Pictured Cliffs					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction-Electrical					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	
8 5/8"	24	95	12 1/4"	90 sacks	
2 7/8"	6.4	3014	6 3/4"	150 sacks	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					AMOUNT PULLED
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number) 2950-2960 w/2/ft					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) 2950-2960					AMOUNT AND KIND OF MATERIAL USED 32,370 gals water 30,000# sand
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			WELL STATUS (Producing or shut-in) Shut In
DATE OF TEST 9-15-76	HOURS TESTED 3 hrs	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.
FLOW. TUBING PRESS. 70		CASING PRESSURE 662	CALCULATED 24-HOUR RATE →	OIL—BBL. NONE	GAS—MCF. Mist
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					TEST WITNESSED BY James Ray
35. LIST OF ATTACHMENTS IP (Form C-122)					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED E. L. FUNDINGSLAND, JR.		TITLE Vice President		DATE 9-16-76	

***(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 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, 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 State 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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	2950	2962	Sand and Shale - Gas	Pictured Cliffs	2946	