



OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

NOV 25 1964

WELL COMPLETION REPORT

OIL & GAS CONSERVATION COMMISSION

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: Cliff, Operator: Exeter Drilling Company and Bob Burch, County: Logan, Address: 1010 Patterson Building, City: Denver, State: Colorado, Lease Name: Ayres, Well No.: 1, Derrick Floor Elevation: 4747 GR, Location: C E/2 NE/4 SW/4 Section 20, Township 12N, Range 54W, Meridian 6th PM, 1990 feet from S Section line and 2289 feet from W Section Line

Drilled on: Private Land [X] Federal Land [] State Land [], Number of producing wells on this lease including this well: Oil 0; Gas 0, 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: November 23, 1964, Signed: [Signature], Title: Vice President

The summary on this page is for the condition of the well as above date. Commenced drilling: November 17, 1964, Finished drilling: November 22, 1964

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8-5/8, 24#, H-40, 193', 125, 12 hrs.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes rows for DWR, WRS, HHM, JAM, FJP, JUD, FILE. Also includes TOTAL DEPTH 5,940' and PLUG BACK DEPTH.

Oil Productive Zone: From [] To [], Gas Productive Zone: From [] To [], Electric or other Logs run: Lane-Wells IES and micrologs, Date: November 22, 1964, Was well cored? NO, 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?

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
Niobrara	4921		
Fort Hays	5238		
Carlile	5301		
Greenhorn	5505		
Bentonite	5656		
"D"	5761		
"J"	5874		
TD	5940		
			No cores or tests.

TEST RESULTS: Gas oil per bar _____

Gas Vol _____

Gas Gravity _____

Water _____

Gas Gravity _____

Gas Vol _____

Water _____