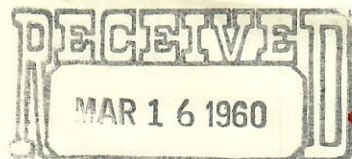


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

OIL & GAS

CONSERVATION COMMISSION



00823250

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 Pebble Operator The Clayton Oil Company
County Logan Address 712 Patterson Building
City Denver State Colorado

Lease Name Meier Well No. 1 Derrick Floor Elevation 4494
Location C W/2 Lot 2 Section 22 Township 12 N Range 52 W Meridian 6th P.
(quarter quarter)
356 feet from N Section line and 660 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 None; Gas None
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 3-15-60Signed A. J. RansomTitle General Partner

The summary on this page is for the condition of the well as above date.

Commenced drilling March 5, 19 60 Finished drilling March 12, 19 60

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8	24 lb.	J-55	311	280	12 Hr.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To		
					AJJ	
					DVR	
					WRS	
					HHM	
					JAM	
					FJP	
					JJD	
					FILE	

TOTAL DEPTH 5250

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Electrical Induction and Microlog Date March 11, 19 60
Was well cored? Yes 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.

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)

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
Pierre	Surface	4248	Shale
Niobrara	4248	4528	Limey, speckled shale
Ft. Hayes	4528	4612	Lime
Carlile	4612	4792	Shale
Greenhorn	4792	4892	Sandy lime.
Graneros	4892	5042	Shale w/ bentonite
D Sand	5042	5108	Sand & shale
J Sand	5166	5230	Sand & shale
Skull Creek	5230	T. D.	Shale