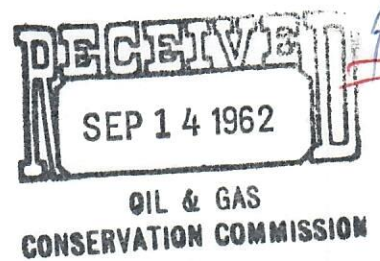


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Wildcat Operator Kimbark Exploration Company
County Washington Address 201 University Blvd.
City Denver 6 State Colorado
Lease Name McFarland Well No. 1 Derrick Floor Elevation 4679 KB
Location NW NW Section 4 Township 3 S Range 56 W Meridian 6th
(quarter quarter)
685 feet from N Section line and 669 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 September 13, 1962

Signed [Signature]
Title President

The summary on this page is for the condition of the well as above date.
Commenced drilling 7/12/62, 19 Finished drilling 7/17/62, 19

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	24	J-55	92	70			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To

TOTAL DEPTH 5191 PLUG BACK DEPTH

Oil Productive Zone: From To Gas Productive Zone: From To
Electric or other Logs run EL, ML Date 7/17/62, 19
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		
						DVR <input checked="" type="checkbox"/>
						WRS <input type="checkbox"/>
						HHM <input type="checkbox"/>
						IAM <input type="checkbox"/>
						FJP <input checked="" type="checkbox"/>
						JD 19 <input checked="" type="checkbox"/>
						FILE <input checked="" type="checkbox"/>

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.
For Flowing Well: For Pumping 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

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
D 51060	5016	5041	Water
J	5068	-	Water
			No Cores
			DST 5129-5132 Open 60 min, SI 30 min. Recovered 30 ' Water. FP 30, SIP 939.

TEST NO. 1521