

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADOFile in triplicate for Patented and Federal lands.
File in quadruplicate for State lands.STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

| | | | | | | | |
|---|--|--|--|----------------------------------|------------------------------------|---|-------------|
| 1a. TYPE OF WELL: | | OIL WELL <input type="checkbox"/> | GAS WELL <input checked="" type="checkbox"/> | DRY <input type="checkbox"/> | Other _____ | | |
| b. TYPE OF COMPLETION: | | NEW WELL <input type="checkbox"/> | WORK OVER <input type="checkbox"/> | DEEP-EN <input type="checkbox"/> | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/> | Other _____ |
| 2. NAME OF OPERATOR | | | | | | 5. LEASE DESIGNATION AND SERIAL NO. | |
| Alfred Ward and Son | | | | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR | | | | | | 7. UNIT AGREEMENT NAME | |
| P.O. Box V, 142 Adams, Akron, CO 80720 | | | | | | 8. FARM OR LEASE NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) | | | | | | 9. WELL NO. | |
| At surface | | | | | | Findeis 1-18 | |
| At top prod. interval reported below | | | | | | 10. FIELD AND POOL, OR WILDCAT | |
| At total depth | | | | | | Wildcat OLD ROAD | |
| 14. PERMIT NO. | | | | | | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA | |
| DATE ISSUED | | | | | | 2N, 54W, Sec. 18 | |
| 15. DATE SPUDDED | | | | | | 12. COUNTY | |
| 16. DATE T.D. REACHED | | | | | | Washington | |
| 17. DATE COMPL. (Ready to prod.) or (Plug & Abd.) | | | | | | 13. STATE | |
| 18. ELEVATIONS (DF, REB, RT, GR, ETC.) | | | | | | Colorado | |
| 19. ELEV. CASINGHEAD | | | | | | | |
| 20. TOTAL DEPTH, MD & TVD | | 21. PLUG, BACK T.D., MD & TVD | | 22. IF MULTIPLE COMPL., HOW MANY | | 23. INTERVALS DRILLED BY | |
| | | | | | | ROTARY TOOLS | |
| | | | | | | CABLE TOOLS | |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) | | | | | | 25. WAS DIRECTIONAL SURVEY MADE | |
| Additional information on production test to previously filed Form 5 | | | | | | | |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN | | | | | | 27. WAS WELL CORED YES <input type="checkbox"/> NO <input type="checkbox"/> (Submit analysis) | |
| | | | | | | DRILL STEM TEST YES <input type="checkbox"/> NO <input type="checkbox"/> (See reverse side) | |
| 28. CASING RECORD (Report all strings set in well) | | | | | | | |
| CASING SIZE | | WEIGHT, LB./FT. | | DEPTH SET (MD) | | HOLE SIZE | |
| | | | | | | CEMENTING RECORD | |
| | | | | | | AMOUNT PULLED | |
| | | | | | | | |
| | | | | | | | |
| 29. LINER RECORD | | | | | | | |
| SIZE | | TOP (MD) | | BOTTOM (MD) | | SACKS CEMENT | |
| | | | | | | SCREEN (MD) | |
| | | | | | | | |
| | | | | | | | |
| 30. TUBING RECORD | | | | | | | |
| SIZE | | TOP (MD) | | BOTTOM (MD) | | PACKER SET (MD) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 31. PERFORATION RECORD (Interval, size and number) | | | | | | | |
| No Change - Additional Test Info. | | | | | | | |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. | | | | | | | |
| DEPTH INTERVAL (MD) | | | | AMOUNT AND KIND OF MATERIAL USED | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 33. PRODUCTION | | | | | | | |
| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | | | | | |
| | | Flowing | | | | | |
| DATE OF TEST | | HOURS TESTED | | CHOKE SIZE | | PROD'N. FOR TEST PERIOD | |
| 2-17-88 | | 124 | | 16/64 | | | |
| FLOW. TUBING PRESS. | | CASING PRESSURE | | CALCULATED 24-HOUR RATE | | OIL—BBL. | |
| 405 | | 450 | | | | 15 | |
| | | | | | | 3,149 | |
| | | | | | | 0 | |
| | | | | | | 200.000 | |
| | | | | | | OIL GRAVITY-APV (CORR.) | |
| | | | | | | | |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) | | | | | | | |
| TEST WITNESSED BY | | | | | | | |
| Thomas K. Crennen, FUELCO | | | | | | | |
| 35. LIST OF ATTACHMENTS | | | | | | | |
| Reserve Analysis, Hourly Flow Sheets | | | | | | | |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records | | | | | | | |
| SIGNED | | TITLE | | | | DATE | |
| [Signature] | | Partner | | | | 3-18-88 | |

See Spaces for Additional Data on Reverse Side