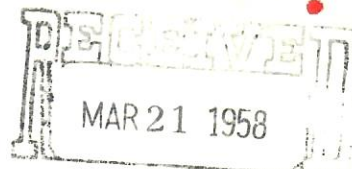


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 W.C. McBride Inc. & HLM Drilling Company
County Weld Address 616 Colorado Building
City Denver 2 State Colorado

Lease Name Reagan Well No. 1 Derrick Floor Elevation 4559
Location C NE NE Section 1 Township 9N Range 56W Meridian 6
660 feet from N Section line and 660 feet from E Section Line
Nor S E or W

Drilled on: Private Land ☒ Federal Land ☐ State Land ☐
Number of producing wells on this lease including this well: Oil _____; 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 3-20-58 Signed James C. Hays
Title Agent

The summary on this page is for the condition of the well as above date.
Commenced drilling 2-26, 1958 Finished drilling 3-6, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>8 5/8"</u>	<u>24#</u>	<u>J-55</u>	<u>192</u>	<u>125</u>	<u>14 hrs</u>	<u>15</u>	<u>1050</u>

CASING PERFORATIONS

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

TOTAL DEPTH 5837 PLUG BACK DEPTH _____

Oil Productive Zone: From None To _____ Gas Productive Zone: From None To _____
Electric or other Logs run Electric-Induction and ML Date 3-6, 19 58
Was well cored? Yes Has well sign been properly posted? Yes

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. _____
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? _____

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)

SEE REVERSE SIDE

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
Tertiary	Surface	150	
Pierre Shale	150	4798	
Niobrara Sh	4798	5101	
Ft. Hays Lime	5101	5153	
Carlile Shale	5153	5330	
Greenhorn Li	5330	5338	
Gtanaros Sh	5338	5506	
"X" Bentonite	5506	5607	
"D" Sand	5607	5643	Porous, Permeable, wet, no shows
"J" Sand	5718	5830	No Shows, no tests
Skull Creek	5830		
Total Depth	5837		