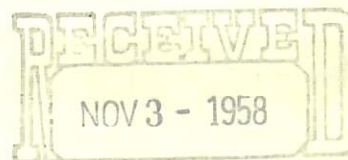


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

02358776

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 Second Creek Operator Jack Rouse
County Adams Address 911 Midland Sav. Bldg., Denver, Colo.
City _____ State _____

Lease Name McVey Well No. 1 Derrick Floor Elevation 5453'
Location NW1/4 Section 17 Township 3 So. Range 65 W. Meridian 6th
665' 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 Oct. 28, 1958Signed _____
Title _____

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

Commenced drilling July 2, 19 58 Finished drilling July 21, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10-3/4"			163'	150	24 hrs.	OK	

CASING PERFORATIONS

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

TOTAL DEPTH

8441' 8476

PLUG BACK DEPTH

155x @ 163
55x @ surf.

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Electric Date July 19, 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. _____ 19 _____

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

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
	0	1617	surface sands and shale
Fox Hills	1617	1710	Shale
	1710	5327	Shaley sandstone
Hygiene	5327	5445	Shale
	5445	7639	Shale and sand
Niobrara	7639	7855	Limestone
Timpas	7955	7981	Sandstone, shaley and tight
Codell	7981	7988	shale and ss
	7988	8397	First Dakota absent - silt stone slightly sandy
Second Dak.	8397	8424	shale
	8424	8429	Silt stone, slight gas odor, reworked.
Third Dak.	8429	8476	