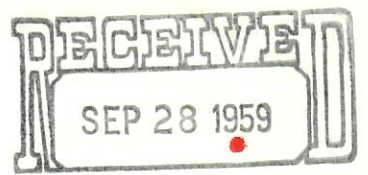




OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



OIL & GAS CONSERVATION COMMISSION

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 SPRING CREEK Operator S. D. JOHNSON 44950
County LOGAN Address 1517 DENVER CLUB BLDG
City DENVER, COLO. State

Lease Name NICKLAS Well No. 5 Derrick Floor Elevation 4400'
Location C NE 1/4 Section 30 Township 9N Range 55W Meridian
1320 feet from N Section line and 1320 feet from E Section Line
N or S E or W

Drilled on: Private Land [X] Federal Land [ ] State Land [ ]
Number of producing wells on this lease including this well: Oil 2; Gas
Well completed as: Dry Hole [X] 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 9/25/59 Signed S. D. JOHNSON
Title Joe W. King Agent

The summary on this page is for the condition of the well as above date.
Commenced drilling 6/5/59, 19 Finished drilling 6/9/59, 19

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi)

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To. Includes a vertical list of zones: AJJ, DVR, WRS, HHHM, JAM, EIP, JJD, FILE.

Oil Productive Zone: From To Gas Productive Zone: From To
Electric or other Logs run Yes - electric Date 6/9/59, 19
Was well cored? No Has well sign been properly posted?

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

Table with columns: DATE, SHELL, EXPLOSIVE OR CHEMICAL USED, QUANTITY, ZONE (From, To), FORMATION, REMARKS

Results of shooting and/or chemical treatment:

DATA ON TEST

Test Commenced A.M. or P.M. NONE 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)

Handwritten mark resembling a checkmark or 'R' in the bottom right corner.

