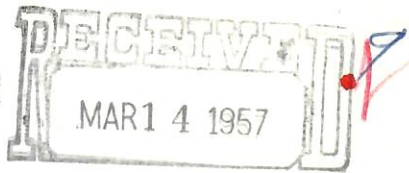




OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



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 Brack Drilling Co., Inc.
County Sedgwick Address P. O. Box 575
City Fort Collins State Colorado
Lease Name Geo. J. Rober Well No. 1 Derrick Floor Elevation 3967'
Location NE SE Section 11 Township 10N Range 47W Meridian 6th P.M.
1980 feet from S Section line and 660 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 0; Gas 0
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 3-13-57 Signed [Signature] Title President

The summary on this page is for the condition of the well as above date.
Commenced drilling Mar 2, 1957 Finished drilling Mar 8, 1957

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

TOTAL DEPTH PLUG BACK DEPTH

Oil Productive Zone: From To Gas Productive Zone: From To
Electric or other Logs run Date
Was well cored? 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. 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?

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 initials: AJJ, DVR, FJK, VRS, HHA, AH, JJD, FILE



# 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
Ft. Hays	3592'		
Codell	3618'		
Carlisle shale	3640'		
Greenhorn	3766'		
Graneros	3824'		
Top D	4019'		
Top J	4120'		
Top Skull Creek	4190'		
Top M	4312'		
Total Depty	4385'		