

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 Company, Inc. County Sedgwick Address P.O. Box 575, Fort Collins, Colorado City Fort Collins State Colorado Lease Name Arlo Ferguson Well No. 1 Derrick Floor Elevation 3939' Location SW SE Section 33 Township 10N Range 46W Meridian 6th P.M. 660 feet from S Section line and 1980 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 June 4, 1957 Signed Leland E. Brack Title Leland E. Brack, President

The summary on this page is for the condition of the well as above date. Commenced drilling May 24, 1957 Finished drilling May 31, 1957

CASING RECORD

Table with columns: SIZE, WT. PER FT., GRADE, DEPTH LANDED, NO. SKS. CMT., W.O.C., PRESSURE TEST (Time, Psi). Row 1: 8 5/8", 28 lb., Used, 383', 170, 24 hrs.

CASING PERFORATIONS

Table with columns: Type of Charge, No. Perforations per ft., From, Zone, To

TOTAL DEPTH 4083 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: 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?

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)

Vertical stamp with names: AJJ, DVR, FJK, WRS, HHA, AH, JD, FILE