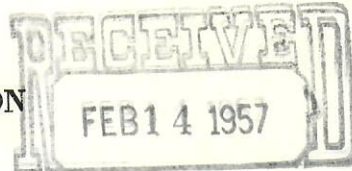


CIL ANT
O.



COMMISSION
COLORADO



13

WELL COMPLETION REPORT

OIL & GAS
CONSERVATION COMMISSION

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 Balderson Drlg. Co. & J. M. Huber Corp.
 County Washington Address 232 Denver Club Bldg.
 City Denver 2 State Colorado
 Lease Name Wiant-Anderson Well No. 1 Derrick Floor Elevation 4444
 Location C SW SW Section 33 Township 3S Range 49W Meridian 6th
 (quarter quarter) SOUTH
660 feet from North Section line and 660 feet from West 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 _____; Gas _____
 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. BALDERSON DRILLING COMPANY

Date February 12, 1957 Signed [Signature]
 Title General Manager

The summary on this page is for the condition of the well as above date.
Commenced drilling February 5, 1957 Finished drilling February 8, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10-3/4	32.75#	New	147	75			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
TOTAL DEPTH _____		PLUG BACK DEPTH _____	

AJJ
DVR
FJK
VRS
HH
ALL
JD
FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run _____ Date _____, 19____
 Was well cored? _____ Has well sign been properly posted? _____

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: 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)

✓

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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	2738		Show of dead oil in fractures in both "D" and "J". No tests.
Base Codell	3242		
Greenhorn	3352		
"D" Sand	3618		
"J" Sand	3670		

CASING RECORD

DATE	DEPTH LAMDED	GRADE	WT. PER FT.	NO. PERFECTIONS PER FT.	TYPE OF CHANGE
10-2-00	127	40	32.58		

RECORD OF SEECTING AND OR CHEMICAL TREATMENT

REMARKS	FORMATION	QUANTITY		DATE
		FROM	TO	

DATA ON TEST

Test commenced _____ A.M. or P.M. _____
 Test completed _____ A.M. or P.M. _____
 Location of well _____
 Direction of flow _____
 Number of strokes per minute _____
 Pressure in _____
 Pressure in _____
 Height of _____
 Direction of flow _____

TEST NUMBER _____	DATE _____	WELL NAME _____	COUNTY _____	STATE _____
Gas Vol. _____	Gas Gr. _____	Water _____	Oil _____	Pressure _____