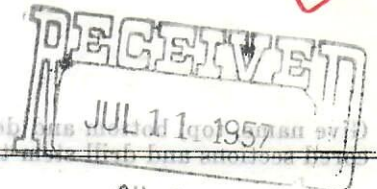


OIL AND GAS COMMISSION  
OF THE STATE OF COLORADO



SION



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 Logan Address P. O. Box 575  
City Fort Collins State Colorado

Lease Name State of Colorado Well No. 1-B Derrick Floor Elevation 4122'  
Location C SE SE Section 35 Township 10N Range 48W Meridian 6th P.M.  
660 feet from S Section line and 660 feet from E 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 0; Gas 0

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 July 10, 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 June 26, 1957 Finished drilling July 3, 1957

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	28 lb.	Used	347'	170	24 hr.		

CASING PERFORATIONS

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

TOTAL DEPTH \_\_\_\_\_ PLUG BACK DEPTH \_\_\_\_\_

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? AJJ

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

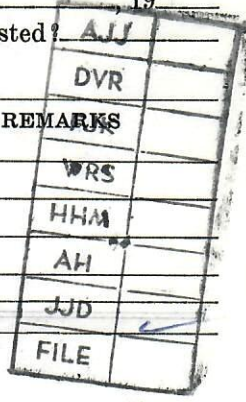
Test Commenced \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_ 19 \_\_\_\_\_ Test Completed \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_ 19 \_\_\_\_\_

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.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	3206'		
Carlile	3604'		
"D" Sand	4022'		
"J" Sand	4130'		
Skull Creek	4190'		
Total Depth	4222'		

END OF PAGE