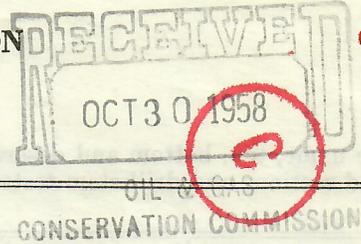


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Padroni Operator W. C. McBride, Inc.
 County Logan Address 620 Colorado Building
 City Denver State Colorado
 Lease Name Fortner Well No. 1 Derrick Floor Elevation 3998
 Location NW NE SE Section 8 Township 9N Range 52W Meridian 6th P.M.
2320 feet from S Section line and 990 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 none; Gas one
 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 October 29, 1958 Signed [Signature]
 Title District Geologist

The summary on this page is for the condition of the well as above date.
 Commenced drilling May 30, 1958 Finished drilling June 8, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	24#	J-55	144'	115	24 hrs.		
2 7/8"	6.50#	J-55	4659'	175			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
Capsule Jet	4/Ft	4552	4558
TOTAL DEPTH <u>4775'</u>		PLUG BACK DEPTH <u>4659'</u>	

AJJ
DVR
WRS
HHM
JAM
FIP
JJD
FILE

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From 4552 To 4558
 Electric or other Logs run Induction - Electrical & Microlog Date June 8, 1958
 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 7 A.M. or P.M. 7 - 10 19 58 Test Completed 12 A.M. or P.M. 7 - 10 1958
 For Flowing Well: For Pumping Well:
 Flowing Press. on Csg. 435 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 921# 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. <u>1600</u> Mcf/Day; Gas-Oil Ratio _____ Cf/Bbl. of oil
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

gas ✓

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
Ogallala-Arikaree surface		610'	Shale & Conglomerate
Pierre Shale	610'	3700'	Black Shale
Niobrara Lime	3700'	4037'	Speckled Limestone & Shale
Ft. Hays Lime	4037'	4087'	Chalky, White Limestone
Carlile Shale	4087'	4310'	Silty Shale
Greenhorn Lime	4310'	4320'	Brown Sucrosic Lime
Granerous	4320'	4552'	Black Shale
"D" Sand	4552'	4597'	Sandstone -- Gas on DST
Huntsman Shale	4597'	4666'	Black Shale
"J" Sand	4666'	--	Sandstone -- Wet
Total Depth	4768'		

DATA ON TEST

Test Commenced 7 A.M. 10-28 1958 Test Completed 12:30 P.M. 10-28 1958
 For Flowing Well
 Flowing from on top of the well
 Flowing from on top of the well
 Size of well in No. 100 ft run
 Size of well in No. 100 ft run
 Depth of pump
 Length of stroke used
 Number of strokes per minute
 Diameter of working barrel
 Size of pump
 If flowing well, did this well flow for the entire duration of this test without the use of wash or other artificial flow devices?
 Yes _____ No _____