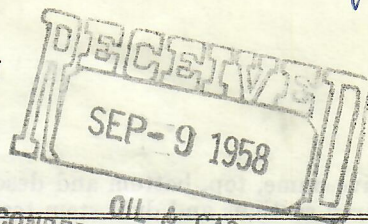


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 McDaniel Drilling Co.
County Logan Address 205 C. A. Johnson Bldg.
City Denver State Colo.
Lease Name Willeford Well No. 1 Derrick Floor Elevation 4752
Location C-SW-SW Section 31 Township 12N Range 53W Meridian
660 (quarter quarter) feet from S Section line and 660 feet from W 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.

Date 9-5-58 Signed Toy Ledbetter
Title Toy Ledbetter, Drilling Superintendent

The summary on this page is for the condition of the well as above date.
Commenced drilling 8-29, 1958 Finished drilling 9-4, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
10 3/4			214	16			

CASING PERFORATIONS

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

TOTAL DEPTH 5798

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction - Micro Date 9-4, 19 58
Was well cored? _____ Has well sign been properly posted? Yes

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		
						AJJ
						DVR
						WRS
						HHM
						JAM

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?

SEE REVERSE SIDE

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	4726	5050	Shale, Limy
FORT HAYS	5050	5112	Limestone
CARLILE	5112	5332	Shale, Silty, Sandy
GREENHORN	5332	5582	Limestone
DAKOTA "D" SAND	5582	5689	Sand (No Show)
DAKOTA "J" SAND	5689	5774	Sand (No Show)
SKULL CREEK	5774	5789	Shale
TOTAL DEPTH	5789		(No Cores or DST)

Oil Productive Zone: From _____ To _____

Electric or other logs run _____

Induction - Micro _____

Was well cored? _____

Has well size been properly checked? _____

DATE _____

Gas Productive Zone: From _____ To _____

DATE _____

DATE	WELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE
			From _____ To _____

RESULTS OF SHOOTING AND/OR CHEMICAL TREATMENT

FORMATION _____

DATE _____

REMARKS _____

DATE	WELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE
			From _____ To _____

RESULTS OF SHOOTING AND/OR CHEMICAL TREATMENT

FORMATION _____

DATE _____

REMARKS _____

TEST RESULTS: Run on per day _____

Gas Vol _____

Gas Gravity _____

Water Vol _____

Water Gravity _____

Oil Vol _____

Oil Gravity _____

Test Completed _____ A.M. or P.M.

For Pumping Well: _____

Flowing Well: _____

Flowing Press. on Csg. _____ lbs./sq.in.

Flowing Press. on Tbg. _____ lbs./sq.in.

Shut-in Press. _____

Shut-in Press. _____

Size Choke _____

Size Tbg. _____

in No test run _____

Time of working party _____

Number of strokes per minute _____

Length of stroke used _____

inches _____

Depth of Pump _____

in No test run _____

Size Tbg. _____

in No test run _____

DATE _____

FILE _____