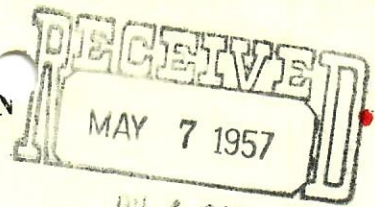


OIL AND GAS COMMISSION
OF THE STATE OF COLORADO

COMMISSION



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 Vaughey and Vaughey 92950
County Logan Address 1650 Denver Club Bldg., Denver 2, Colorado
City _____ State _____

Lease Name L. R. Ladd Well No. 1 Derrick Floor Elevation 4411
Location SE $\frac{1}{4}$ NW $\frac{1}{4}$ Section 4 Township 9N Range 55W Meridian 6th P.M.
(quarter quarter)
1980 feet from N Section line and 1980 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 none; Gas none

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 May 3, 1957

Signed Robert L. Ladd
Title Petroleum Engineer

The summary on this page is for the condition of the well as above date.

Commenced drilling _____, 19____ Finished drilling _____, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
9 5/8"	36#	H-40	95'	75	yes		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	
					DVR
					FJK
					WRS
					WPA
					AM
					LJD
					FILE

TOTAL DEPTH _____

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

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:

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? ☒

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	4694		
Fort Hays	4995		
Carlisle	5050		
Greenhorn	5119		
Bentonite	5367		
"D" Sand	5471		
"J" Sand	5566		Core #1: 5470' to 5502'
"M" Sand	5649		Core #2: 5565' to 5618'
Skull Creek	5621		Drill Stem Test #1: 5602½' to 5618'
			Recovered 30' oil and gas cut water, 45' oil and gas cut mud.

CASTING RECORD						
SIZE	WT. PER FT.	GRADE	DEPTH LANDSD	NO. SKS. CNT.	W.O.C.	PRESSURE TEST
					Time	Psi
9 5/8"	30 1/2	H-40	231	75	yes	

CASING PERFORATIONS			
Type of Charge	No. Perforations per ft.	From	None To

Was well cored?	
Electric or other logs run	
Oil Productive Name: From _____ To _____	
Gas Productive Name: From _____ To _____	
Date _____	
Has well since been properly tested?	
TOTAL DEPTH _____	
PLUG BACK DEPTH _____	

[illegible]

DATA ON TEST	
Test Commenced _____ A.M. or P.M.	Test Completed _____ A.M. or P.M.
For Flowing Well:	For Pumping Well:
Flowing Pressure _____ lbs./sq. in.	Length of stroke used _____ inches.
Flowing Pressure on Tg _____ lbs./sq. in.	Number of strokes per minute _____
Size Tg _____ in. No. feet run _____	Diam. of working barrel _____ inches.
Size Choke _____ in.	Size Tg _____ in. No. feet run _____
Shot-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 _____