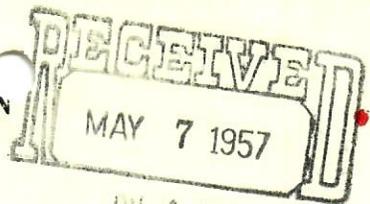


OIL AND GAS COMMISSION OF THE STATE OF COLORADO



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 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 1/4 NW 1/4 Section 4 Township 9N Range 55W Meridian 6th P.M.
 (quarter quarter) 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.	Zone		FILE
		From	To	
				AJ
				DVR
				FJK
				WRS ✓
				HWA
				AM
				JLD
				FILE

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)

Handwritten initials: RLM

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

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LAPPED	NO. SRS. CMT.	W.O.C.	PRESSURE TEST
2 7/8"	36#	H-40	231	53	Yes	

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	To

TOTAL DEPTH _____

PLUG BACK DEPTH _____

Oil Productive Zones: From _____ To _____

Gas Productive Zones: From _____ To _____

Electric or other logs run _____

Was well cored? _____

Has well been properly packed? _____

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONES		REMARKS
			From	To	

DATA ON TEST

Test Commenced _____ A.M. or P.M. _____

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

Flowing Well? _____

Flowing Pressure on Tubing _____ lbs./sq. in.

Flowing Pressure on Casing _____ lbs./sq. in.

Static Pressure _____ lbs./sq. in.

Static Choke _____ in.

Static Pressure _____ lbs./sq. in.

Depth of Pump _____ feet.

Size of Pump _____ in. No. test run _____

Size of Working Barrel _____ inches.

Number of strokes per minute _____

Length of stroke used _____ inches.

If flowing well, did this well flow for the entire duration of the 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 _____
W.S. & W. _____ %	Gas Gravity _____