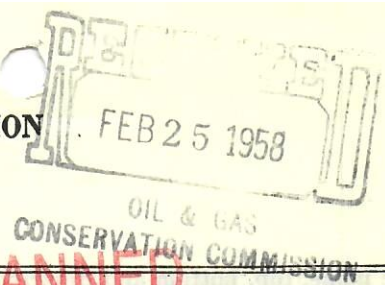


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Alfred Ward and Son
County Washington Address Box V
City Akron State Colorado
Lease Name Drum Well No. 1 Derrick Floor Elevation 4555
Location C SW NW Section 4 Township 2N Range 53 Meridian 6th PM
(quarter quarter)
1980 feet from North Section line and 660 feet from West 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 Feb. 24, 1958 Signed Alfred Ward Jr.
Title _____

The summary on this page is for the condition of the well as above date.
Commenced drilling Nov. 19, 19 7 Finished drilling Nov. 27, 19 57

CASING RECORD

| SIZE | WT. PER FT. | GRADE | DEPTH LANDED | NO. SKS. CMT. | W.O.C. | PRESSURE TEST | |
|------|-------------|-------|--------------|---------------|--------|---------------|-----|
| | | | | | | Time | Psi |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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? _____

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? _____

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 | 3924 | | |
| Ft. Hayes | 4264 | | |
| Carlile | 4320 | | |
| Greenhorn | 4432 | | |
| Bentonite | 4659 | | |
| Brown Lime | 4670 | | |
| "D" Sand | 4754 | | |
| "J" Sand | 4836 | | |
| Skull Creek | 4954 | | |
| T. D. | 4958 | (Driller) | |
| T. D. | 4954 | (Elgen) | |

TEST RESULTS: Oil or gas test
Gas test
Water test
Flow test
Pressure test
Temperature test
Grain test
Chemical test
X-ray test
Other test