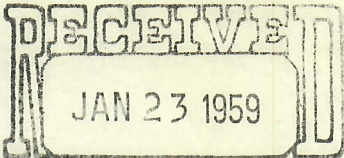


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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 Husker Oil Co. & Chancellor Oil Co. 15601
County Logan Address 321 Empire Building
City Denver 2, State Colorado
Lease Name Elsie Good Well No. #1 Derrick Floor Elevation _____
Location NE SW Section 13 Township 9N Range 54W Meridian 6th PM
(quarter quarter)
1980 feet from S 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 _____; 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.

Signed Wayne T. Bridger
Title Vice President
Date January 22, 1959
The summary on this page is for the condition of the well as above date.
Commenced drilling 1-8-59, 19____ Finished drilling 1-12-59, 19____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	23#	J-55	155'	100	18hrs.		

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone		To	
						AJJ
						DVR
						WRS
						HHM
						JAM
						EJP
						JJD
						FILE

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

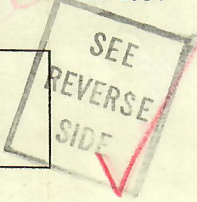
DATE	SHELL, EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS
			From	To		

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? _____

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)



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	4264		
Carlile	4554		
Greenhorn	4738		
Bentonite	4889		
"D" Sand	4981	No cores	
"J" Sand	5088	No cores	
TD	5144	No tests.	

SIZE	WT. PER FT.	GRADE	DEPTH LAINED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST
8-5/8"	23#	1-55	155'	100	18hrs.	Time Psi
						At

TOTAL DEPTH 5.14'		PLUG BACK DEPTH	
FD			
EP			
JAM			
HMM			
WRS			

[illegible]