

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. EESVR. ☐ Other _____

2. NAME OF OPERATOR

Ladd Petroleum Corporation

3. ADDRESS OF OPERATOR

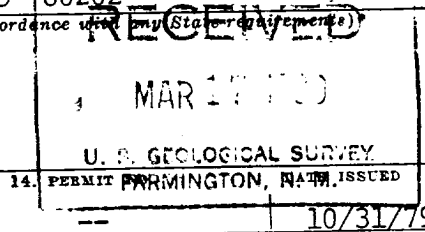
830 Denver Club Bldg., Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with State requirements)

At surface 890' FNL, 1730' FWL

At top prod. interval reported below same

At total depth same



15. DATE SPUNDED 1/24/80 16. DATE T.D. REACHED 2/2/80 17. DATE COMPL. (Ready to prod.) 3/11/80 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5765 GL, 5777 KB 19. ELEV. CASINGHEAD 5765

20. TOTAL DEPTH, MD & TVD 6550 21. PLUG, BACK T.D., MD & TVD 6486 22. IF MULTIPLE COMPL., HOW MANY* -- 23. INTERVALS DRILLED BY -- 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6333 > Dakota 6449 > 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-OCL-SNL-CDL-CBL

CASING RECORD (Report all strings set in well)						AMOUNT PULLED	
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD			
8-5/8"	24# K-55	390'	12 1/4	255 sx "B" + 2% CaCl			
4 1/2"	10.5# K-55	6550'	7-7/8	200 sx "B" + 8% gel + 160		sx	
				50/50 Poz; 2nd stage 350		sx	
				65/35 + 320 sx 50/50			

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1 1/2	6414	

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6333 > 23 holes, +.40 diameter				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
				6333 - 6449	164,000# sand (20/40)
				" "	75,000 gal gel wtr

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					
SI		flowing					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL. GAS-OIL RATIO	
3/10/80	3		→	—	198		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL. (GAL) (GAL) (GAL)		
.19	960	→	—	1580			
24. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							

RECEIVED
MAR 20 1980
OIL COMPANY
DIST. 3
TEST WATERS BY 14 1980

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

vented

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED

Michael J. Wadley

TITLE

Production Engineer

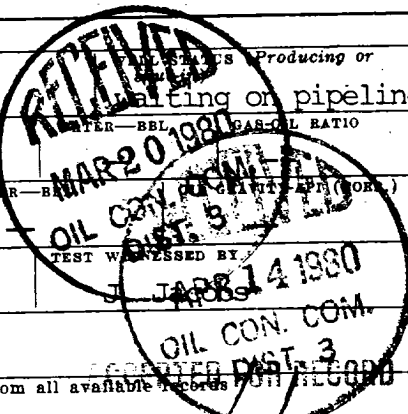
DATE

3/12/80
MAR 19 1980

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

BY *ML Lucio*



INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s). (If any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Dakota	6290	