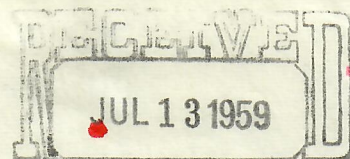




00204832

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

## 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 Edward Mike Davis  
County Weld Address 1300 First National Bank Bldg.  
City Denver State Colorado  
Lease Name Doll Well No. 1 Derrick Floor Elevation 4825  
Location C NE NE Section 19 Township 7N Range 58W Meridian  
(quarter quarter)  
660 feet from N Section line and 660 feet from E 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 July 9, 1959Signed Edward Mike DavisTitle Owner

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
8 5/8	2 1/4	J	69 feet	50 sacks	24 hrs	4 hrs	200#

## CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	AJJ
					DVR
					WRS
					HHM
					JAM
					FJP
					JJD
					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: \_\_\_\_\_

BEST COPY  
AVAILABLE

## 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)



701 3 1959

# 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
Pierre Shale	1390	5690	Shale & Silty Shale
Niobrara	5690	5930	Shale with calcareous specks
Fort Hays	5930	5970	Limestone white dense, chalky, tight
Codell	5970	5980	Sandstone very fine grain to silty, gray, calcareous, tight, no show
Carlile	5980	6056	Shale dark gray with silt inclusions
Greenhorn	6056	6320	Interbedded limestone & shale
Graneros	6320	6424	Shale with silt inclusions
"D" Sand	6424	6445	Sandstone very fine grain, light gray, very slight stain in part tight
Mowry Shale	6445	6505	Shale silty with some calcareous streaks
"J" Sand	6505	6586	Sandstone very fine grain, light gray, dense white clay matrix, very slight porosity and permeability, no show,

CASING PERFORATIONS

RESULTS OF SHOOTING AND/OR CHEMICAL TREATMENT:									
DATE	SHELL EXPLOSIVE OR CHEMICAL USED	QUANTITY	ZONE		FORMATION	REMARKS			
			From	To					
RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT									
Was well cored? _____									
Electric or other logs run _____									
Gas Protective Zone: From _____ To _____									
Date _____									
Has well sign been properly posted? _____									
TOTAL DEPTH _____									
PLUG BACK DEPTH _____									
Type of Charge		No. Perforations per ft.		From		Zone To			

## DATA ON TEST