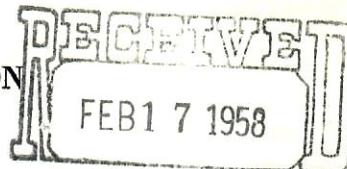




OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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 WC Operator Dawson Oil Corporation
County Washington Address 845 Petroleum Club Bldg.
City Denver State Colorado
Lease Name 3532 Jolly Well No. 1 Derrick Floor Elevation 4821'
Location C SE NE Section 32 Township 3S Range 55W Meridian 6th P.M.
(quarter quarter)
1970 feet from N Section line and 665 feet from E Section Line
Nor 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.

Date February 14, 1958 Signed WCB
Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.
Commenced drilling 1-27, 19 58 Finished drilling 1-30, 19 58

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8-5/8"	24#	J-55	61'	81			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To

TOTAL DEPTH 5010' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction-Electric Log and MicroLog Date January 30, 19 58
Was well cored? no 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		
						DVR
						WRS
						HMA

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)

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	3870		
Ft. Hays	4368		
Carlile	4403		
Greenhorn	4503		
Bentonite	4726		
"D" Sand	4822		
Base "D" Sand	4840		
"J" Sand	4872		
Schl. T.D.	5013		
Drlr. T.D.	5010		
			CASING RECORD
			CASING PERFORATIONS
			PERFECTED TEST
			PRODUCTION
			REMARKS

TEST NO. 4742