

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 _____ Operator Dawson Oil Corporation
County Washington Address 845 Petroleum Club Bldg.
City Denver State Colorado

Lease Name 3528 Jolly Well No. 1 Derrick Floor Elevation 4808
Location C NE NE Section 28 Township 3S Range 55W Meridian 6th P.M.
(quarter quarter)
660 feet from N Section line and 668 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 _____; 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 1-30-58

Signed W.C. Burns
Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.

Commenced drilling January 23, 19 58 Finished drilling January 26, 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	70'	104			

CASING PERFORATIONS

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

TOTAL DEPTH 5015'

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction-Electric Log and MicroLog Date 1-26, 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
						H

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. _____

For Flowing Well:

Flowing Press. on Csg. _____ lbs./sq.in.

Flowing Press. on Tbg. _____ lbs./sq.in.

Size Tbg. _____ in. No. feet run _____

Size Choke _____ in.

Shut-in Pressure _____

For Pumping Well:

Length of stroke used _____ inches.

Number of strokes per minute _____

Diam. of working barrel _____ inches

Size Tbg. _____ in. No. feet run _____

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.

INVESTMENTS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	3867		
Ft. Hays	4357		
Carlile	4392		
Greenhorn	4496		
Bentonite	4722		
"D" Sand	4817		
Base "D" Sand	4835		
"J" Sand	4864		
Schl. T.D.	5013		
Bottom Driller	5015		

Completed drilling	January 23	10 58 finished drilling	January 20	10 58
The summary on this page is for the condition of the well as above date.				
Date	1-30-58	Title	Secretary-Treasurer	
be determined from all available records.		Signed		
The information given herewith is a complete and correct record of the well and all work done thereon so far as can				
Well completed as: Dry Hole <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/>				

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CNT.	W.O.C.	PRESSURE TEST
0-5/8"	344	1-55	70'	104		Time - 1/2 Hr

CASING PERFORATIONS

[illegible]

Was well covered? No	Gas Productive Zone: From	To
Electric or other logs run	Induction-Electric Log and History	Date
Has well sign been properly posted?	Gas Productive Zone: From	To

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

[illegible]