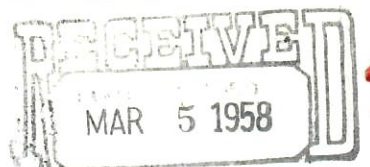


OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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 3526 Ross Well No. 1 Derrick Floor Elevation 4798'
Location C SE SE Section 26 Township 3S Range 55W Meridian 6th P.M.
(quarter quarter)
663 feet from S Section line and 663 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 March 4, 1958 Signed [Signature]
Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.
Commenced drilling February 22, 1958 Finished drilling February 25, 1958

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	102'	100			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To	AJJ	DVR	WRS	JMA	JJP	JJD	FILE
TOTAL DEPTH <u>4972'</u>					PLUG BACK DEPTH _____						

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction-Electrical Log & MicroLog Date February 25, 1958
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		

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	3766		
Ft. Hayes	4266		
Carlile	4300		
Bentonite	4634		
"D" Sand	4729		
"J" Sand	4781		
Skull Creek	4909		
Schl. T.D.	4972		
Drls. T.D.	4965		

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