

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL COMPLETION REPORT



AJJ	6
DVR	
WRS	
HHM	
JAM	
FJP	
FILE	

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 Dawson Oil Corporation
County Washington Address 845 Petroleum Club Bldg.
City Denver State Colorado
Lease Name 364 365 McFarland Well No. 1 Derrick Floor Elevation 4682
Location C SE NW Section 4 Township 3S Range 56W Meridian 6th P.M.
(quarter quarter)
2071 feet from N Section line and 2071 feet from W 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 May 5, 1958Signed W.C. Burn
Title Secretary-Treasurer

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

Commenced drilling April 14, 1958 Finished drilling April 18, 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	100'	100			

CASING PERFORATIONS

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

TOTAL DEPTH 5052'

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____

Electric or other Logs run Electrical Log Date April 18, 1958Was 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:

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.

INSTRUCTIONS

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	4110		
Ft. Hays	4563		
Carlile	4598		
Bentonite	4898		
"p" Sand	4988		
"j" Sand	5043		
Drls. T. D.	5050		
Schl. T. D.	5052		

SINK	WELL DEPTH	GRADE	DEPTH LIFTED	NO. SKS. CNT.	WELL	PRESSURE TEST

TYPE OF CHARGE	NO. PERFORATIONS PER FT.	FROM	TO

TOTAL DEPTH	FLAG BACK DEPTH

DATE	SHOCK EXPLLOSIVE OR CHEMICAL USED	QUANTITY	FORMATION	REMARKS

DATA ON TEST

TEST COMPLETED	TEST COMPLETED	TEST COMPLETED	TEST COMPLETED	TEST COMPLETED	TEST COMPLETED