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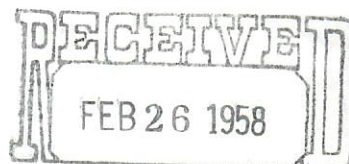
OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

WELL (



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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 3615 Jolly Well No. 1 Derrick Floor Elevation 4680
 Location C NW NW Section 15 Township 3S Range 56W Meridian 6th P.M.
668 feet from N Section line and 659 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 February 25, 1958Signed [Signature]
Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.
 Commenced drilling February 8, 19 58 Finished drilling February 12, 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	105'	150			

121-05619

CASING PERFORATIONS

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

TOTAL DEPTH 5237' (Driller's T.D.) PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run Induction-Electrical & MicroLog Date February 12, 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		

Results of shooting and/or chemical treatment: _____



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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.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
Niobrara	4110		
Ft. Hays	4541		
Carlile	4576		
Bentonite	4850		
"D" Sand	4948		
"J" Sand	4998		
Skull Creek	5184		
Sch. T. D.	5240		
Drls. T. D.	5237		

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2847 NO A 510