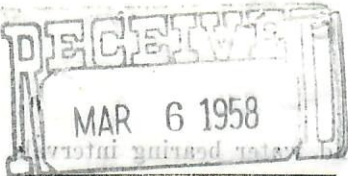


OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

AJJ	DVR	WRS	FHM	JAM	FIP	JJD	FILE



WELL COMPLETION REPORT



INSTRUCTIONS

OIL & GAS CONSERVATION COMMISSION

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 3622 Jolly Well No. 1 Derrick Floor Elevation 4771'  
 Location C NE SE Section 22 Township 3S Range 56W Meridian 6th P.M.  
1989 feet from S Section line and 656 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 5, 1958 Signed W.C. Barnes  
 Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.  
 Commenced drilling February 18, 19 58 Finished drilling February 21, 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	103'	100			

CASING PERFORATIONS

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

TOTAL DEPTH 5139' PLUG BACK DEPTH \_\_\_\_\_

Oil Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_ Gas Productive Zone: From \_\_\_\_\_ To \_\_\_\_\_  
 Electric or other Logs run Induction-Electrical Log and MicroLog Date February 21, 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: \_\_\_\_\_

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)

