



15	AJJ	<input checked="" type="checkbox"/>
	DVR	<input checked="" type="checkbox"/>
	WRS	<input checked="" type="checkbox"/>
	HMM	<input type="checkbox"/>
	JAM	<input checked="" type="checkbox"/>
	JD	<input checked="" type="checkbox"/>

RECEIVED
MAY 6 1958

**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO**

OIL & GAS
CONSERVATION COMMISSION

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

Lease Name 365 Downing Well No. 1 Derrick Floor Elevation 1724
Location C SW SE Section 5 Township 3S Range 56W Meridian 6th P.M.
698 feet from S Section line and 1986 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 May 5, 1958 Signed W C Burns
Title Secretary-Treasurer

The summary on this page is for the condition of the well as above date.
Commenced drilling April 2, 1958 Finished drilling April 7, 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	103'	100			

CASING PERFORATIONS

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

TOTAL DEPTH 5261' PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run Induction-Electrical Log and Microlog Date April 7, 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: 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)

