



State of Colorado
Conservation Commission
DEPARTMENT OF NATURAL RESOURCES
3 COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report). If the well has been plugged, submit Form 6 (Well Abandonment Report).

ET	OE	FR	RE
AMB			BD

1. CGCC Operator Number: 3580		4. Contact Name & Phone	
2. Name of Operator: APACHE CORPORATION		FRANCES M. BYERS	
3. Address: 2000 POST OAK BLVD. SUITE 100		No. (713) 296-6000	
City: HOUSTON	State: TX	Zip: 77056-4200	
5. API Number: 06-081-6907 ✓		6. County: MOFFAT	
7. Well Name: RUBICON		Number: 24-1	
8. Location (Qtr Qtr, Sec, Twp, Rng, Meridian): SESW SEC. 1-T9N-R91W ✓		9. Was a directional survey run? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Footage at Surface: 695' FSL & 2072' FWL ✓		10. Field Name: CAVEAT	
If directional, footage at Top of Prod. Zone: Same as above		Field Number:	
If directional, footage at Bottom Hole:		11. Federal, Indian or State lease number:	
12. Spud Date	13. Date TD Reached	14. Date Completed or D&A	
11-12-96 ✓	11-20-96	12-30-96	
15. Total Depth		17. Plug Back Total Depth	
MD 6240' TVD	MD 6187' TVD		
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. Elevations	
* A copy of all electric and mud log runs must be submitted.		GR 6557' KB 1.6'	
20. List Electric Logs Run: DIL, Some, CNDL			

Complete the Attachment Checklist		Oper	OGCC
Electronic Logs (if full set required)			
Casting Current Job Summaries			
Directional Survey			
Geologic Report			
Mud Log			
DST Report			
Core Analysis			
Other			

15. **Well Classification**

☐ Dry
 ☐ Oil
 ☒ Gas
 ☐ Coalbed

☐ Stratigraphic
 ☐ Disposal

☐ Enhanced Recovery

☐ Gas Storage
 ☐ Observation

☒ Other: LOD

CASING, LINER and CEMENT

Submit contractor's current job summary for each thing cemented.

[illegible]

FORMATION LOG INTERVALS and TEST ZONES

[illegible]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name FRANCES M. BYERS

Signed James M. Byers Title: SR. ENG. TECH

Date: 1-29-97