

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
JUL 20 1964

WELL COMPLETION REPORT

OIL & GAS
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 Rangely Operator L.A. GeBauer
County Rio Blanco Address 1917 E. Washington Street
City Phoenix State Arizona

Lease Name LUBAUER PETROLEUM COMPANY Well No. 43 Derrick Floor Elevation 5216
Location Lot 4 Nw 1/4 NW 1/4 Section 11 Township 1 N Range 102 W Meridian 6 PM
(quarter quarter)

895 feet from N Section line and 1125 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 4; 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 7/5/64

Signed [Signature]
Title [Signature]

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

Commenced drilling 4/16/64, 19 64 Finished drilling June 10, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7"	17.5	A	175 feet	10			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
	none			

TOTAL DEPTH 175 PLUG BACK DEPTH none

Oil Productive Zone: From none To _____ Gas Productive Zone: From None To _____

Electric or other Logs run no Date _____, 19____

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		
	none					

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced no testing 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 _____

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? _____

SEE REVERSE SIDE

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
shale	0	3820	grayish white shale no oil. Intend to drill deeper at a later date

TEST RESULTS: 1000 psi at 100 ft	Gas Vol. 1000	Gas Gravity 1.000
TEST RESULTS: 1000 psi at 100 ft	Gas Vol. 1000	Gas Gravity 1.000