

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

OCT 21 1996



SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR L.S.C. Production Co.		6. PERMIT NO.
3. ADDRESS OF OPERATOR 314 W Highland Dr. Grand Jct.		7. API NO. 05103071680051
CITY STATE ZIP CODE Grand Jct Co.		8. WELL NAME Ge Bauer
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Sec 11 SW 1/4 NE 1/4 11 IN 102 W		9. WELL NUMBER 51-X
At proposed prod zone		10. FIELD OR WILDCAT S. Rangely
12 COUNTY Rio Blanco		11. QTR. QTR. SEC., T.R. AND MERIDIAN SW 1/4 NE 1/4 11 IN 102 W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple, Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK 10-10-96

RIH Tag PBTD at 3482, cement 7" to Surface
Cement 10 1/2 to 20 ft. of Surface 7 1/2 yard Cement
Place Dry hole Marker 10-12-96

Witness Bill Kraft BLM

16. I hereby certify that the foregoing is true and correct

SIGNED Vernon D. Powell TELEPHONE NO. 970-256-0848

NAME (PRINT) Vernon D. Powell TITLE Owner DATE 10-18-96

(This space for Federal or State office use)

APPROVED [Signature] TITLE NW Area Eng DATE 10-30-96

CONDITIONS OF APPROVAL IF ANY.

