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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
APR-6 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 dba LuBauer Petroleum Co.
County Rio Blanco Address 1917 East Washington
City Phoenix 34 State Arizona
Lease Name Colorado 034894 Well No. 42 Derrick Floor Elevation 5371
Location NE/NW (quarter quarter) Section 10 Township 1N Range 102W Meridian 6th P
660 feet from N Section line and 1980 feet from WEST 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 1; Gas 0
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 1/20/64 Signed [Signature]
Title [Signature]

The summary on this page is for the condition of the well as above date.
Commenced drilling 12/5/63, 1963 Finished drilling 12/12, 1963

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8"	27#	1	63'5"	41			

CASING PERFORATIONS

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

TOTAL DEPTH 2705 2768 PLUG BACK DEPTH _____
2698 2768 (open hole)

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
Electric or other Logs run _____ Date _____, 19____
Was well cored? _____ 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? _____

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)

Well now making approx 9-10 b/d. - 4/13/64 g.p. Rayford in office 4/17/64

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
Gravel	0	40	Gravel
Shale	40	295	Shale
Shale	295	763	Grey Shale
Shale	763	1187	Grey to Brown Shale
Shale	1187	1758	Brown Shale
Shale	1758	2091	Brown to Grey Shale
Shale	2091	2331	Grey sandy shale
Shale	2331	2391	Gas zone some oil stains
Shale	2391	2450	Black Shale
Shale	2450	2660	Black shale turning brown
Shale	2660	2700	Brown Shale bottom 20' oil
Shale	2700	2705	Oil