



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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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 Rangely Operator LuBauer Petroleum Company
County Rio Blanco Address 1917 E. Washington Street
City Phoenix State Arizona

Lease Name Colorado 0-34894 Well No. 46 Derrick Floor Elevation 5285
Location SW¹/₄ SW¹/₄ Section 2 Township 1N Range 102W Meridian 6th
(quarter quarter)
100 feet from N Section line and 200 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 6; 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 11/16/64 Signed [Signature]
Title Owner

The summary on this page is for the condition of the well as above date.
Commenced drilling 9-11-64, 19 _____ Finished drilling 9-25-64, 19 _____

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	23	A	90				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		DVR
		From	To	
				<input checked="" type="checkbox"/>
				WRS
				HHM
				JAM <input checked="" type="checkbox"/>
				FJP <input checked="" type="checkbox"/>
				JJD <input checked="" type="checkbox"/>
				FILE

TOTAL DEPTH 2387 PLUG BACK DEPTH _____

Oil Productive Zone: From 2170 To 2387 Gas Productive Zone: From ----- To -----
Electric or other Logs run None Date None, 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: None

DATA ON TEST

Test Commenced 8 A.M. or P.M. 9-25-64 19 _____ Test Completed 8 A.M. or P.M. 9-26 1964
For Flowing Well: For Pumping Well:
Flowing Press. on Csg. _____ lbs./sq.in. Length of stroke used _____ inches.
Flowing Press. on Tbg. _____ lbs./sq.in. Number of strokes per minute 12
Size Tbg. _____ in. No. feet run _____ Diam. of working barrel 2 inches
Size Choke _____ in. Size Tbg. _____ in. No. feet run _____
Shut-in Pressure _____ Depth of Pump 75' From Bottom 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 <u>15</u> API Gravity <u>40.1</u>
Gas Vol. _____ Mcf/Day; Gas-Oil Ratio _____ Cf/Bbl. of oil
B.S. & W. _____ %; Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

SEE REVERSE SIDE

oil

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	70	River Gravel
	70	375	Gray Shale
	375	975	Gray Shale
	975	1575	Gray Shle trace of Gas.
	1575	2170	Gray Shale
	2170	2387	Oil