



OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

RECEIVED  
APR 29 1964  
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 G & M Oil  
 County Rio Blanco Address P. O. Box 204  
 City Rangely State Colorado  
 Lease Name LuBauer Well No. 1 Derrick Floor Elevation \_\_\_\_\_  
 Location NE NW SW Section 11 Township 1N Range 102W Meridian 6th PM  
2260 feet from S Section line and 2240 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 \_\_\_\_\_; 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 April 28, 1964

Signed [Signature]  
 Title Manager

The summary on this page is for the condition of the well as above date.  
 Commenced drilling December 20, 1963 Finished drilling April 14, 1964

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8"			60 ft.	8 sacks			

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		DVR
		From	To	
				WRS
				HHM
				JAM
TOTAL DEPTH <u>2,850</u>				FJP <input checked="" type="checkbox"/>
PLUG BACK DEPTH _____				JJD <input checked="" type="checkbox"/>
Oil Productive Zone: From <u>2,460</u> To <u>2,465</u>				FILE <input checked="" type="checkbox"/>
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. April 24 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 \_\_\_\_\_  
 Size Tbg. \_\_\_\_\_ in. No. feet run \_\_\_\_\_ Diam. of working barrel \_\_\_\_\_ inches  
 Size Choke \_\_\_\_\_ in. Size Tbg. \_\_\_\_\_ in. No. feet run \_\_\_\_\_  
 Shut-in Pressure \_\_\_\_\_ 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? \_\_\_\_\_

TEST RESULTS: Bbls. oil per day 30 API Gravity 42.6  
 Gas Vol. \_\_\_\_\_ Mcf/Day; Gas-Oil Ratio \_\_\_\_\_ Ct/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
	0	45	Overburden
	45	615	Light Shale
	615	1,820	Dark Shale
	1,820	2,460	Dark Gray Shale
	2,460	2,465	Oil
	2,465	2,850	Dark Shale

U.S. GEOLOGICAL SURVEY