

OIL AND GAS COMMISSION
OF COLORADOFile in _____ and federal lands.
File in _____ for State lands.

00568073

RECEIVED

AUG 22 1968

COLO. OIL & GAS COM. COMM. NAME, DESIGNATION AND SERIAL NO.

Colorado 034894

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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME None	
2. NAME OF OPERATOR L. A. GeBauer dba LuBauer Petroleum Company		7. UNIT AGREEMENT NAME None	
3. ADDRESS OF OPERATOR 80202 414 C A Johnson Bldg 509 17th St. Denver, Colorado		8. FARM OR LEASE NAME LuBauer	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 350 feet east of west line, 2500 feet south of North line section 11, T1N, R102 West 6th P.M. SW NW		9. WELL NO. Teel 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Kangaroo	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5384'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, SW 1/4, NW 1/4, T1N R102W, 6th P.M.	
		12. COUNTY OR PARISH Rio Blanco	
		13. STATE Colorado	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

Date of work _____

This well to be filled bottom to top with shale.

Top tamped solid.

Top 10 feet to be cemented.

Marker put in place.

No previous file ?

DVR	<input type="checkbox"/>
FJP	<input type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED

TITLE

Owner

DATE

8/16/68

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O & G COMS. COMM.

DATE

OCT 29 1968

CONDITIONS OF APPROVAL, IF ANY.