

OIL AND GAS COMMISSION OF COLORADO

RECEIVED

AUG 22 1968

5 21

File in _____ and federal lands.
File in _____ for State lands.



COLO. OIL & GAS CONS. 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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
L. A. GeBauer dba LuBauer Petroleum Company

3. ADDRESS OF OPERATOR
80202
414 C A Johnson Bldg 509 17th St. Denver, Colorado

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*

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5384'

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
None

7. UNIT AGREEMENT NAME
None

8. FARM OR LEASE NAME
LuBauer

9. WELL NO.
Teel 1

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
San Jose
Sec 11, SW 1/4, NW 1/4, T1N R102W, 6th P.M.

12. COUNTY OR PARISH 13. STATE
Rio Blanco Colorado

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(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	
FJP	
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 L. A. GeBauer TITLE Owner DATE 8/16/68

(This space for Federal or State office use)
APPROVED BY W. C. Rogers TITLE DIRECTOR DATE OCT 29 1968
O & G CONS. COMM.

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