



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED
OCT 19 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 LuBauer Petroelum Company
 County Rio Blanco Address 1917 E. Washington Street
 City Phoenix State Arizona
 Lease Name Denver Well No. 11 Derrick Floor Elevation 5255
 Location SE NE Section 11 Township 1N Range 102W Meridian 6th P.M.
 (quarter quarter)
2315 feet from N Section line and 552 feet from E Section Line
 Nor 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 _____
 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 10-15-64 Signed [Signature]
 Title _____

The summary on this page is for the condition of the well as above date.
 Commenced drilling 6-6, 19 64 Finished drilling June 13, 19 64

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
7 5/8	23	A	273				

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone	
		From	To
	N O N E		
TOTAL DEPTH _____		PLUG BACK DEPTH _____	

DVR	<input checked="" type="checkbox"/>
WRS	
HIM	
JAM	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
FILE	

Oil Productive Zone: From _____ To _____ Gas Productive Zone: From _____ To _____
 Electric or other Logs run None No Date _____, 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		
			N	O N E		

Results of shooting and/or chemical treatment: _____

DATA ON TEST

Test Commenced 7 A.M. or P.M. 6-19 1964 Test Completed 8 A.M. or P.M. 6-27 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 50' From Bottom _____

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>35</u> API Gravity <u>40.7</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

