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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADORECEIVED
JUN 17 1963

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 R & R Well Service Co.
County Rio Blanco Address P.O. Box 637 -
City Rangely State Colorado
Lease Name Lu Bauer - Govt. Well No. 6 Derrick Floor Elevation _____
Location SW 1/4 NW 1/4 Section 10 Township 1 N Range 102W Meridian 6P.M.
2052.4' feet from N Section line and 104.7 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 1; Gas 0Well 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 June 11, 1963Signed [Signature]
Title Co-owner

The summary on this page is for the condition of the well as above date.

Commenced drilling May 11, 1963 Finished drilling May 27, 1963

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
8 5/8	24#	J55	33	6	24	No test	

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	From	Zone	To
	N			
	O			
	N			
	E			

TOTAL DEPTH 3210 ~~3210~~

PLUG BACK DEPTH _____

Oil Productive Zone: From _____ To _____ 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		
		N				
		O				
		N				
		E				

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. 19____

For Flowing Well:

Flowing Press. on Csg. _____ lbs./sq.in. R

Flowing Press. on Tbg. _____ lbs./sq.in. Y H

Size Tbg. _____ in. No. feet run _____ O

Size Choke _____ in. L

Shut-in Pressure _____ E

For Pumping Well:

Length of stroke used _____

Number of strokes per minute _____

Diam. of working barrel _____

Size Tbg. _____ in. No. feet run _____

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 _____

API Gravity _____

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

DVR	
WRS	
HHM	
JAM	
FJP	19
LD	
FILE	

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
Sand & Gravel	0	30	Surface sand and river bed gravel.
Mancos	30	265	Light gray mancos shale - fractured.
Mancos	265	1120	Light gray mancos shale with streaks of calsite.
Mancos	1120	3210	Dark Gray mancos shale.
			No show of oil or gas.