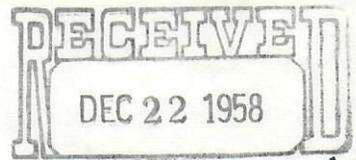




OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



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, Colo. Operator R & R Well Service Co.
 County Rio Blanco Address Box #637
 City Rangely State Colo.
 Lease Name Lu-Bauer-Govt. Well No. 3 Derrick Floor Elevation -
 Location NW 1/4 - NW 1/4 - SE 1/4 Section 10 Township 1-N Range 102-W Meridian 6P.
2615 feet from S Section line and 2340 feet from E 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 2 Gas 0
 Well completed as: Dry Hole Oil Well Gas Well Shale

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 12-18-58 Signed [Signature]
 Title Co-owner.

The summary on this page is for the condition of the well as above date.
 Commenced drilling 9-1-, 1958 Finished drilling 10-30-, 1958

CASING RECORD

SIZE	WT. PER FT.	GRADE	DEPTH LANDED	NO. SKS. CMT.	W.O.C.	PRESSURE TEST	
						Time	Psi
<u>10-3/4</u>	<u>32.50</u>	<u>D</u>	<u>30</u>	<u>14</u>	<u>24</u>	-	-
<u>5-1/2</u>	<u>14.</u>	<u>D</u>	<u>2201</u>	<u>0</u>	<u>0</u>	Hung on head.	

CASING PERFORATIONS

Type of Charge	No. Perforations per ft.	Zone		FILE
		From	To	
				AJJ
				DVR
				WRS
				HHM
				JAM
				FIP
				JJD
				FILE

TOTAL DEPTH 2350 PLUG BACK DEPTH _____

Oil Productive Zone: From 2347 To 2350 Gas Productive Zone: From _____ To _____
 Electric or other Logs run _____ 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		

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.
 Flowing Press. on Tbg. _____ lbs./sq.in.
 Size Tbg. _____ in. No. feet run _____
 Size Choke _____ in.
 Shut-in Pressure _____
 For Pumping Well: Length of stroke used _____ inches.
 Number of strokes per minute _____
 Diam. of working barrel _____ inches
 Size Tbg. 2 1/2 in. No. feet run 2290
 Depth of Pump Not installed yet 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?
Swabbed well from 11-23-, thru 11-30-58, - 90% oil & 10% mud. Storage filled - no sale.
Well shut in as of 12-1-58.

TEST RESULTS: Bbls. oil per day <u>100-8 hrs.</u> API Gravity <u>42.4.</u>	
Gas Vol. _____ Mcf/Day;	Gas-Oil Ratio _____ Cf/Bbl. of oil
B.S. & W. <u>10</u> %;	Gas Gravity _____ (Corr. to 15.025 psi & 60°F)

