

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Western - Yates P. O. Box 427 Artesia, New Mexico
(Address)

LEASE Western State WELL NO. 3 UNIT N S 14 T 19 S R 28 E
DATE WORK PERFORMED 10-27-58 POOL East Millman Queen

This is a Report of: (Check appropriate block) ☐ Results of Test of Casing Shut-off
☐ Beginning Drilling Operations ☐ Remedial Work
☒ Plugging BACK ☒ Other Perf. and Sand-oil frac.

Detailed account of work done, nature and quantity of materials used and results obtained.
We set Welex permanent bridge plug in 5 1/2" csg. at 1950', Perf. 60 h 1763-78';
perf. 40 h 1714-24'. We then ran 3" upset tbg. with straddle packers set
at 1708' and 1735', treated with 100 gals. MA below bottom packer, and sand-
oil fraced thru perfs. 1763-78' with 10,000 gals. and 21,000# sd. Min. press.
1100#. Max. treating press. 2100#. Average injection rate 19 BPM. Dropped
blanking tool and opened ports between packers.
Treated with 100 gals. MA between packers and sand-oil fraced with 10,000 gals.
and 21,000# sd. thru perfs. 1714-24'. Formation Broke at 3400# to 1900#.
Max. treating press. was 3500#, shut in press. 1000#. Average injection rate
15 BPM.
We will now pull 3" tbg. and packers, run 2" production tbg., flow back lead
oil and complete this well in the East Millman Queen Pool.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____

Witnessed by _____ (Company) _____

OIL CONSERVATION COMMISSION

Name M. L. Armstrong
Title _____
Date 11

I hereby certify that the information given
above is true and complete to the best of
my knowledge.

Name R. C. Johnson
Position Dist. Supt.
Company Western - Yates

