

MISCELLANEOUS REPORTS ON WELLS

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

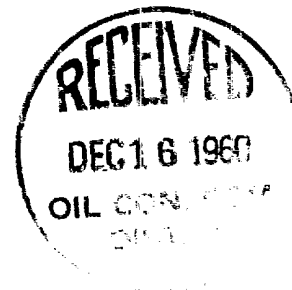
| | | | | | | |
|---|--------------------------------------|---|----------------------|---------------------------|---------------------|--|
| Name of Company Tidewater Oil Company | | Address Box 547, Hobbs, N. Mex. | | | | |
| Lease New Mexico Federal Deep Unit | Well No. 1 | Unit Letter A | Section 19 | Township 29N | Range 10W | |
| Date Work Performed 12-4-60 | Pool Undesignated (Dakota) | | | County San Juan | | |

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☒ Casing Test and Cement Job
 ☐ Other (Explain):
- ☐ Plugging
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

Drilled 17-1/4" hole to 145'. Cemented 13-3/8", 36# Armco Spiral Weld SJ casing @ 135' w/ 150 sks. Reg. cement w/ 2% calcium chloride. W.O.C. 24 hrs. Tested casing w/ 600# for 30 minutes, pressure held.



| | | |
|--|---------------------------------------|---|
| Witnessed by <i>Emery C. Arnold</i> | Position Production Foreman | Company Tidewater Oil Company |
|--|---------------------------------------|---|

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

| | | | | |
|------------------------|--------------|---------------------|------------------------|-----------------|
| D F Elev. | T D | P B T D | Producing Interval | Completion Date |
| Tubing Diameter | Tubing Depth | Oil String Diameter | Oil String Depth | |
| Perforated Interval(s) | | | | |
| Open Hole Interval | | | Producing Formation(s) | |

RESULTS OF WORKOVER

| Test | Date of Test | Oil Production BPD | Gas Production MCFPD | Water Production BPD | GOR Cubic feet/Bbl | Gas Well Potential MCFPD |
|-----------------|--------------|--------------------|----------------------|----------------------|--------------------|--------------------------|
| Before Workover | | | | | | |
| After Workover | | | | | | |

| | | | |
|---|--|---|--|
| OIL CONSERVATION COMMISSION | | I hereby certify that the information given above is true and complete to the best of my knowledge. | |
| Approved by Original Signed Emery C. Arnold | | Name <i>Thomas E. Weaver</i> | |
| Title Supervisor Dist. # 3 | | Position Area Supt. | |
| Date DEC 16 1960 | | Company Tidewater Oil Company | |

| | | |
|-----------------------------|-----|--|
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