

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

1957 OCT 5 2:45 PM

COMPANY The Texas Company Box 1270, Midland, Texas  
(Address)

LEASE St New Mexico "BA" NCT-6 WELL NO. 1 UNIT B S 20 T 12-S R 32-E  
DATE WORK PERFORMED See Below POOL Caprock North Queen

This is a Report of: (Check appropriate block)  Results of Test of Casing Shut-off  
 Beginning Drilling Operations  Remedial Work  
 Plugging  Other Workover (Fracture)

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

**TD-3049**  
**5 1/2" casing set at 3013'**

The following work was done to stimulate production.

1. Fractured open hole 3013-3049 with 20,000 gals refined oil carrying 1# sand per gal at 2500-2100#. Inj rate-25.1 BPM. Comp 9-24-57.
2. Ran tbg set at 3030. Recovered load & placed well on pump.
3. Tested 24 hrs ending 10-14-57, well pumped 30 bbls 39.6 Gravity Oil, GOR-640.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. 4384 TD 3049 PBD None Prod. Int. Queens Compl Date 1-20-55  
Tbng. Dia \_\_\_\_\_ Tbng Depth \_\_\_\_\_ Oil String Dia \_\_\_\_\_ Oil String Depth \_\_\_\_\_  
Perf Interval (s) \_\_\_\_\_  
Open Hole Interval 3013-3049 Producing Formation (s) Queens

RESULTS OF WORKOVER:

|                                 | BEFORE         | AFTER           |
|---------------------------------|----------------|-----------------|
| Date of Test                    | <u>8-20-57</u> | <u>10-14-57</u> |
| Oil Production, bbls. per day   | <u>4</u>       | <u>30</u>       |
| Gas Production, Mcf per day     | <u>-</u>       | <u>-</u>        |
| Water Production, bbls. per day | <u>-</u>       | <u>-</u>        |
| Gas-Oil Ratio, cu. ft. per bbl. | <u>504</u>     | <u>640</u>      |
| Gas Well Potential, Mcf per day | <u>-</u>       | <u>-</u>        |

Witnessed by \_\_\_\_\_ (Company)

OIL CONSERVATION COMMISSION

Name [Signature]  
Title \_\_\_\_\_  
Date \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Name [Signature]  
Position Asst. Dist. Supt.  
Company The Texas Company