

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Graridge Corporation Box 752, Breckenridge, Texas
(Address)

LEASE Cap Unit WELL NO. 8-6 UNIT F S 8 T 13S R 32E
DATE WORK PERFORMED See Below POOL Caprock Queen

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

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

10-17-58 Moved in equipment, rigged up, pulled tubing and rods
10-18-58 Started cleaning out cavings with sand pump
10-19-58 Cleaned out to 3075-feet. Ran Gamma Ray & Caliper logs. Dumped 180 gallons
thru 10-22-58 of gravel in hole. Dumped 4 sacks cement on gravel.
10-23-58 Loaded hole with water to check plug. Plug held O.K. Ran 28.28' of 4½"
Hydrill liner and cemented with 15 sacks. Liner is set at 3050'
10-24-58 Rigged up tools and started drilling cement.
10-25-58 Finished drilling cement. Started cleaning out gravel and cement.
10-26-58 Finished cleaning out well by bailing and sand pumping. Shut well in
thr 11-1 -58 pending approval to use well as water injection well.

THE COMMISSION MUST BE NOTIFIED
EVERY 6 MONTHS ON FORM C-103
AS TO THE WELL STATUS AND YOUR
FUTURE PLANS FOR THIS WELL

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 <u>Paul Holloway</u>		
		<u>Graridge Corporation</u> (Company)

OIL CONSERVATION COMMISSION

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

Name [Signature]
Title _____
Date _____

Name T. A. Ford
Position Manager of Production
Company Graridge Corporation