DIE	TRIBUTION		
SANTA FF			
FILE			
U. S. G. S.			
LAND OFFICE			
TRANSPORTER	OIL		
	645	l	
PROBATION OFFI	E		

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103

LAND OFFICE TRANSPORTER	MISCELLANEOUS REPORTS ON WELLS													
PRORATION OFF	ATION OFFICE													
Name of Company  Cities Service Production Company  Address  Box 97, Hobbs, New Mexico														
Citie	s Service Pr	oducti	Lon Com							Nev				
Lease <b>Newmo</b>	nt			Well N	lo. 1	Unit	Letter K	Section 7	Township	12-5		ange	3 <b>8-</b> E	
Date Work Per	formed	Pool							County					
9-17	to 9-19-62	<u> </u>	Gladi							Lea				
									ate block)		<del></del>			
Beginnin	g Drilling Operation	ons	Ca	asing T	est an	ıd Cem	ent Job		Other (E	xplain,	):			
Plugging Remedial Work  Detailed account of work done, nature and quantity of materials used, and results obtained.														
This well drilled to 4485.5' TD Anhydrite and Lime. Ran 142.75 Jts. of new 8 5/8" OD 24# & 32# 8R J-55 & H-40 SS casing or 4470.86' set @ 4485'. Cemented w/3000 sax 50-50 posmix 6% gel w/300 sax neat on shoe. Cement circulated, plug down 9:50 A.M. 9-17-62. Cement allowed to set 48 hours prior to testing for shut-off. Tested casing w/1000# pressure prior to and after drilling plug, during 30 minute interval w/no drop in pressure. Results satisfactory, drilling resumed.														
Witnessed by  C.G. Taylor  Production  FILL IN BELOW FOR REMED							Foreman Cities Service Production Company							
<del></del>		P i	LL IN BE	LUW			WELL C		EPORIS OF	NL I				
D F Elev. T D				PBT		* . L L L	/	Producing	Producing Interval		Completion Date			
Tubing Diameter Tub		Tubin	ubing Depth				Oil Stri	ng Diam	ter		Oil String Depth			
Perforated Interval(s)														
Open Hole Interval Producing Formation(s)														
				R	ESUL	.TS OI	FWORI	COVER						
Test	Date of Test	Oi	l Productio BPD	on l	Gas Product MCFPD				Production SPD Cul		GOR ic feet/Bbl		Gas Well Potential MCFPD	
Before Workover														
After Workover						_								
OIL CONSERVATION COMMISSION							I here	I hereby certify that the information given above is true and complete to the best of my knowledge.						
Approved by							Name	Name Meyer						
Title							1	Position Dist. Supt.						
Date							Comp	Company Cities Service Production Company						