

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Cities Service Oil Company Box 97, Hobbs, New Mexico  
(Address)

LEASE Felton WELL NO. 1 UNIT C S 28 T 21-S R 36-E

DATE WORK PERFORMED 5-21 to 5-24-58 POOL Lumont  
Inclusive

This is a Report of: (Check appropriate block)  Results of Test of Casing Shut-off  
 Beginning Drilling Operations  Remedial Work  
 Plugging  Other Plug back - acidize sand oil frac

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

This well was plugged back from 3830', PB to 3690'. The casing was perforated as follows: 3037-3065; 3080-3100, 3135-3180, 3215-3230, 3240-3265, 3280-3330, 3470-3505, 3565-3575, 3595-3655, 3670-3680 - total 278' (2 jet shots/ft.) into the Yates, Seven Rivers and Queen formations. The well was acidized with 9000 gallon 15% acid and sand frac with 30,000 gallon lease crude with 1/20 pound adomite per gallon and 40,000 pound of sand in three stages. Ran swab after 6 hours shut-in. Well kicked off and flowed after third run. The well was flowed to clean-up and tested with results as indicated below.

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	8-1-56	5-26-58
Oil Production, bbls. per day	-0-	-0-
Gas Production, Mcf per day	7385	3307
Water Production, bbls. per day	-0-	-0-
Gas Oil Ratio, cu. ft. per bbl.	-	-
Gas Well Potential, Mcf per day	7385	3307
Witnessed by <u>S. E. Woodruff</u>	Cities Service Oil Co. (Company)	

OIL CONSERVATION COMMISSION

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

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Name [Signature]  
Position Dist. Supt.  
Company Cities Service Oil Company