

CEMENTING SERVICE REPORT



TREATMENT NUMBER: _____ STAGE: _____ DOWELL DISTRICT: Gulmon DATE: 8-19-76

WELL NAME AND NO.: Conley State #1
 LOCATION-POOL-FIELD: Sec 21-15N 33E
 DOWELL REPRESENTATIVE: H.E JOHNSON
 COUNTY: Harding STATE: NEW MEXICO

RIG NAME: _____
 WELL DATA:
 HOLE SIZE: _____ CASING OR LINER: _____
 DEPTH: _____ SIZE-HEIGHT: 4 1/2 9.5
 ROT CABLE TOP: _____
 BHST: _____ BOTTOM: 1476
 BHLT: _____ GRADE & THREAD: _____
 BHCT: _____ CAPACITY: 25

NAME: Conley & Associates Inc
 AND: 9402 TIERRA BLANCA DR
 ADDRESS: Whittier Calif 90603
 ZIP CODE: _____

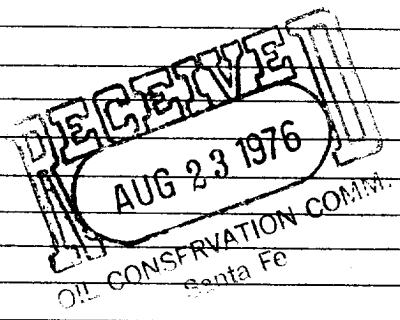
MUD: TYPE _____ WT. _____ VISC. _____
 FLOAT: TYPE _____ DEPTH _____
 SHOE: TYPE _____ DEPTH _____

SPECIAL INSTRUCTIONS: Plug to ABANDON
 PRESSURE LIMIT: _____ PSI BUMP PLUG TO _____ PSI MIN _____
 ROTATE RPM RECIPROCATE FT CENTRALIZERS NO _____

HEAD & PLUGS: DOUBLE SINGLE
 SWAGE KNOCKOFF
 NEW USED TOP R W BOT R W
 CAPACITY: _____ OTHER: _____

JOB SCHEDULED FOR TIME: 8:50am DATE: 8-19-76 ARRIVED ON LOCATION TIME: 6:30 DATE: 8-19-76 LEFT LOCATION TIME: _____ DATE: _____

TIME	PRESSURE		VOLUME PUMPED	INJECT. RATE	SERVICE LOG DETAIL	
	TSG. OR D.P.	CASING				
7:00						Safety Meeting
9:00		0	3 cement			Set First Plug 1040 TO 1270
			16 water			
11:00		0	2 cement			Set Second 2nd Plug 325 TO 490
			5 water			
12:00		0	1 cement			Set Top Plug 0 TO 3 FT



COMPOSITION OF CEMENTING SYSTEMS

SYSTEM CODE	NO. OF SACKS	YIELD CUFT/SK	CLASS	SACKS MIXED	NUMBER	PRESSURE	WT.
1.	31	1.18	CLASS A	31	31	6 1/2	15.6
2.							
3.							

REMARKS: _____
 SACKS MIXED: 31 NUMBER: 31
 PRESSURE: _____ WT.: _____
 CEMENT DISPLACED: YES NO
 CEMENT SET: YES NO
 HEAD LOSS: _____
 NAME: David Abel