

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Magnolia Petroleum Company, Box 2406, Hobbs, New Mexico  
(Address)

LEASE State Bridges WELL NO. 93 UNIT J S 3 T 17S R 34E  
DATE WORK PERFORMED 8-19-58 POOL Vacuum

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

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

Set 1665' of 8 5/8" csg @ 1665' cem w/700 sks 4% / 100 sks Neat, plug to 1620', 3:10 AM,  
8-19-58. Circ cem approx 200 sks. WOC 24 hrs. Tested w/700# for 30 min, OK w/gas.

1958 AUG 21 AM 9:44  
HOBBS OFFICE OCC

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 _____	_____	_____

(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 [Signature]  
Position District Superintendent  
Company Magnolia Petroleum Company