

FIELD <u>EUNICE MONUMENT</u>	OPERATOR <u>OH Randall</u>	DATE <u>4-29-76</u>
LEASE <u>William</u>	WELL NO. <u>2</u>	LOCATION <u>SESE 33-19-37</u>

Aug. 1941

PA 20SX at 3700'
 20SX at 3300'
 20SX at 2400'
 20SX at 1400'
 30SX at Surface

No Csg. Pulled

12 1/2" casing set at 120' with 50 sx of Neat cement
 Hole size 15" 50

8" casing set at 1300' with Mudded Maybe pulled
 Hole size 9 5/8" 2 cement

7" casing set at 3700' with 250 sx of Neat cement
 Total Depth 3890' Hole size 8"

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

O. H. RANDEL, Box 88, Carlsbad, New Mexico 17

COMPANY _____

(Address) _____

LEASE Williams WELL NO. 2 UNIT P 33 19S 37E
12-29-57 Monument T R
DATE WORK PERFORMED _____ POOL _____

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.
plug well w/20 sax in & out of casing at 3,700', 20 sax in top of Queen @ 3,300', 20 sax base salt @ 2,400', 20 sax top salt @ 1,400', and 30' cement in top surface casing.
Plugged in this manner: Set 20 sax plug 3,650 - 3,750, 20 sax plug 3,250 - 3,300. Pulled strain on 7" with rig & got no stretch on pipe whatsoever. Operator decided not to cut 7" for pipe recovery. Placed 10 sax at surface in 7" casing 0 - 50'. Erected 4" marker with well location and name. Well now P & A. Location cleared & ready for final inspection.

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 Agent
Company O. H. Randel