

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, and other important operations, even though the work was witnessed by an agent of the Commission. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Report by Checking Below

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON Acidize (Other) Perforate	X

April 27, 1955 (Date) Midland, Texas (Place)

Following is a report on the work done and the results obtained under the heading noted above at the

The Texas Company (Company or Operator) J. E. Phillips (Lease)

J. P. (Bum) Gibbins Inc. (Contractor), Well No. 4 in the SE 1/4 NW 1/4 of Sec. 6

T. 20-S, R. 37-E, NMPM, Eunice-Monument Pool, Lea County.

The Dates of this work were as follows: 4-21-55 to 4-24-55

Notice of intention to do the work (was) ~~XXXX~~ submitted on Form C-102 on April 15, 1955, (Cross out incorrect words)

and approval of the proposed plan (was) ~~XXXX~~ obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD: 3910' PBD: 3730'

Cleaned perforations 3750'-3770' with 500 gallons of mud acid, set retainer at 3730' and squeezed with 650 sacks cement, 1st stage 400 sacks, 2nd stage 250 sacks. Pressured up, tested okay. Dumped 8' cement on top of retainer. Perforated 7" casing 3680'-3692' with 4 shots per foot. Treated formation through perforations with 500 gallons of mud acid.

Well flowed 73 bbls of 31.7 gravity oil in 14 hours through a 12/64" choke. GOR is 760.

Witnessed by (Name) (Company) (Title)

Approved: OIL CONSERVATION COMMISSION

(Signature) (Name)

(Title) (Date)

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

Name (Signature)

Position: Asst. Dist. Supt.

Representing: The Texas Company

Address: Box 1270, Midland, Texas