

HOBBS OFFICE OCC

Form C-103  
(Revised 3-55)

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Albert Gackle, Operator Box 2076, Hobbs, New Mexico  
(Address)

LEASE H. E. Esmond WELL NO. 4 UNIT G S 33 T 2S R 36E  
DATE WORK PERFORMED 3-21-58 POOL South Eunice

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.

3-21-58 Ran 300' 8 5/8" 24\* J-55 Csg. New Cemented 250 sks, Circulated 40 sks

3-22-58 Test Pipe w/1000\* psi held okay  
30 min.

After setting of surface casing drilling was temporarily ceased waiting on orders drilling resumed on 9-3-58 and will continue to completion.

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 Paul S. Johnston  
Title \_\_\_\_\_  
Date 3-21-58

Original Signed By  
Name PAUL S. JOHNSTON  
Position Superintendent of Production  
Company Albert Gackle, Operator