

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS  
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY DOB Oil Properties, Inc. Box 953, Midland, Texas  
(Address)

LEASE Ohio-State WELL NO. 1 UNIT B S 20 T 17S R 31E  
DATE WORK PERFORMED 4-30-61 POOL Vacuna

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.

5-3/8 casing set at 4768 feet & cemented with 150 sacks. Cement allowed to set 2.5 hours before testing. Tested 1000# pressure with rig pump for 30 minutes. No drop. All water shut off. Cement tied into salt section.

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

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

Name [Signature]  
Position Agent  
Company DOB Oil Properties, Inc.