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# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

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

Name of Company		Address	
Willard C. and Marion E. Franks	Well No.	Unit Letter	Section Township Range
Date Work Performed	Pool	County	

JUNE 5-6-7, 1961

THIS IS A REPORT OF: (Check appropriate block)

☒ Beginning Drilling Operations ☐ Casing Test and Cement Job ☐ Other (Explain):

☐ Plugging ☐ Remedial Work

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

Drilled cement plug and removed plugging mud from well then perforated from 942' - 952', swabbed water and raw cement due to failure of cementing job behind casing. Samples swabbed showed promising saturation, but it may be necessary to remove casing from well, replace perf rated joints and re-set casing then re-cement casing after determining cause of cement failure by analysis of water. I would appreciate a period of 45 days in which to determine future of this well as we propose to drill another well in S.C. 32 south which will enable us to take such corrective measures as to enable us to bring the Winhart No. 2 into production. This well has oil and we are not at all discouraged but just a bit more determined to prove that this portion of the La Brea Basin will prove highly productive. We shall cooperate with you in every way. (A sudden call home because of illness in family delayed this report.)

Witnessed by	Position	Company
Willard C. Franks		Willard C. and Marion E. Franks

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

### ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by		Name	Willard C. Franks
Title		Position	Superior
Date		Company	Willard C. and Marion E. Franks