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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 **Amranda Petroleum Corporation** Address **Roswell Star Route - Tatum, New Mexico**

Lease **State E. "C"** Well No. **1** Unit Letter **B** Section **16** Township **11-S** Range **38-E**

Date Work Performed **6-17 to 7-19-62** Pool **East Echols Devonian** County **Lea**

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.

Total Depth 12,120' TD, Present Drilled Out Depth 12,104' Present Devonian 5-1/2" Casing perforations from 12,021' - 12,096'

WORK PERFORMED: Pulled 2-3/8" OD Tubing & Koba Free Type Pump, Rerun tubing & Acid Petrofraced 5/2" Cag. perforations from 12,021' to 12,096' W/9000 Gallons Acid & 1000 Gallons Kerosene, total of 10,000 gallons. Max TP 6500#, Min. TP 6000#, 4000# with pumps shutdown. Injected 35 ball sealers with every 24 bbls. acid, total 350 ball sealers. Average injection rate 3.4 bbls per minute. Flushed with lease oil. Shub tested, pulled & rerun 2-3/8" OD tubing & Koba Free type pump & put well to pumping.

Witnessed by _____ Position _____ Company **Amranda Petroleum Corporation**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. **3914'** T D **12,120'** P B T D **12,104'** Producing Interval **Devonian** Completion Date **6-14-57**

Tubing Diameter **2-3/8" OD** Tubing Depth **11,008'** Oil String Diameter **5-1/2" OD** Oil String Depth **12,110'**

Perforated Interval(s) **12,021' to 12,096'**

Open Hole Interval **None** Producing Formation(s) **Devonian**

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	6-15-62	None	None	5	-	
After Workover	8-20-62	14	TSTM	160	-	

OIL CONSERVATION COMMISSION

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

Approved by _____ Name **Assistant District Superintendent**
 Title _____ Position **Assistant District Superintendent**
 Date _____ Company **Amranda Petroleum Corporation**