

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

COMPANY Cities Service Oil Company Box 47, Hobbs, New Mexico  
(Address)

LEASE State "NE" WELL NO. 2 UNIT E S 16 T 11-S R 38-E  
DATE WORK PERFORMED 8-28 and 8-30-58 POOL Echols, Dev. East

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.

This well was drilled to 4400' in line. Ran 139.4 jts. (4378.16') of 8 5/8" 32# and 24# casing set at 4396.06. Cemented with 376 sacks Diacel D, 500 sacks Incor regular and 300 sack regular neat cement on bottom. Plug was down at 10:05 AM 8-28-58. Cement did not circulate. Ran temperature survey, top of cement @ 1005'. Cement was allowed to set 48 hrs. before testing for shut-off. Prior to drilling plug, casing shut-off test was made applying 1000 pounds pressure during a 30 minute interval with no drop in pressure. After drilling plug, casing shut-off test was made applying 780 pounds pressure during a 30 minute interval with no drop in pressure. Drilling resumed.

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 [Signature]  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Name [Signature]  
Position Dist. Supt.  
Company Cities Service Oil Co.