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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 11-1064)

Name of Company <b>Cities Service Oil Company</b>				Address <b>P. O. Box 69, Hobbs, New Mexico</b>			
Lease <b>State BL</b>	Well No. <b>3</b>	Unit Letter <b>F</b>	Section <b>14</b>	Township <b>10S</b>	Range <b>32E</b>		
Date Work Performed <b>8-20 8-30-64</b>	Pool <b>Mescalero San Andres</b>			County <b>Leon</b>			

THIS IS A REPORT OF: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Casing Test and Cement Job	<input checked="" type="checkbox"/> Other (Explain):
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work	<b>Completion Data</b>

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

TD 4496 Dolomite PB 4443 Well complete. Ran 140 jts (4493.25') 4 1/2" OD 9.50 J-55 csg. set @ 4495 w/150 sacks 50-50 pozzin + 2% gal +18% salt + .75% CPR-2 + 100/sacks neat liner + .50% CPR-2. Plug down @ 10:17 AM on 8-21-64. WOC 24 hrs. Tested 4 1/2" csg. w/1000 PSI for 30 minutes before perforating csg. with no drop in pressure. 80 4443 Perf. w/12 holes each @ 4076, 4078, 4093, 4101, 4107, 4112, 4128, 4136, 4141, 4147, 4151, and 4161. Scrubbed and flowed 64 80/8hrs. thru 24/64" - FYP 90# Ran 2 3/8" tubing set @ 4120'. Scrubbed 28 80 + tr. w/4 hrs. Ran rods PDP Pumped on potential 72 80 + tr w/24 hrs. CP 150# TP 25 80R 168 Grav. 16.9°.

Witnessed by <b>H. H. Nabors</b>	Position <b>Prod. Foreman</b>	Company <b>Cities Service Oil Company</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA				
D F Elev.	T D	P BTD	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 <i>[Signature]</i>		Name <i>[Signature]</i>	
Title <b>District Clerk</b>		Position <b>District Clerk</b>	
Date <b>SEP 2 1964</b>		Company <b>Cities Service Oil Company</b>	