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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 110618)

1963 JUL 2 PM 1:18

Name of Company: **Amerada Petroleum Corporation** Address: **P. O. Box 668 - Hobbs, New Mexico**

Lease: **M. J. Raley** Well No.: **2** Unit Letter: **M** Section: **8** Township: **20-S** Range: **38-E**

Date Work Performed: **5-27-63 to 6-6-63** Pool: **Warren McKee** County: **Lea**

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations Casing Test and Cement Job Other (Explain): **Repair casing leaks**
- Plugging Remedial Work

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

Pulled tubing and gas lift equipment. Set bridge plug at 7820'. Found 5-1/2" casing leaks from 5464' to 5494' and 4424' to 4456'. Set bridge plug at 4883'. Cemented leaks in 5-1/2" casing from 4424' to 4883' with a total of 250 sacks reg. Incor and 125 sacks Latex cement. Drilled out cement. Tested casing with 1000#. Held OK. Pulled bridge plug from 4883'. Cemented leaks in 5-1/2" casing from 5256' to 5684' with 150 sacks Incor and 75 sacks Latex cement. Drilled out cement. Tested casing with 1000#. Held OK. Pulled bridge plug from 7820'. Reran tubing and gas lift equipment. Slugged well in and resumed production. No production test taken.

Witnessed by: **E. E. Shirley** Position: **Farm Boss** Company: **Amerada Petroleum Corporation**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

DF Elev.	TD	PBTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)		Producing Formation(s)		
Open Hole Interval				

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						

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

OIL CONSERVATION COMMISSION

Approved by: *[Signature]* Name: *[Signature]*

Title: **District Superintendent** Position: **District Superintendent**

Date: _____ Company: **Amerada Petroleum Corporation**

