

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Amerada Petroleum Corporation - Drawer "D" - Monument, New Mexico  
(Address)

LEASE F. Turner Jr. WELL NO. 1 (ABO) UNIT M S 17 T 20-S R 38-E

DATE WORK PERFORMED May, 1959 POOL West Warren Abo

This is a Report of: (Check appropriate block) ☐ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☒ Other Temp. Abandon

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

From 4-7-59 to 4-14-59, pumped no fluid in 56 hours on 10 - 24" S.P.M.  
Pulled 3/4" rods & 5/8" rods and sub-surface pump. Installed master  
valve & closed well in.  
Abo zone - Temporarily abandoned.

Request supplement issued and allowable of 84 BOPD be cancelled.

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  
Name [Signature] Title [Signature] Date \_\_\_\_\_  
I hereby certify that the information given above is true and complete to the best of my knowledge.  
Name [Signature] Position Asst. Dist. Superintendent Company Amerada