

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY R. A. T. Wright Box 1716, Hobbs, New Mexico  
(Address)

LEASE Gulf State WELL NO. 1 UNIT A S 36 T 16-S R 29-R  
DATE WORK PERFORMED \_\_\_\_\_ POOL Wildcat

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

Detailed account of work done, nature and quantity of materials used and results obtained.  
Set 428' of 8 5/8" casing, cemented with 50 sacks. Set 72 hrs. and run Bailor Test, hole dry. Set 2088' of 7" casing to shut off water run Bailor Test, hole dry. Set 2681' of 5 1/2" casing, cemented with 50 sacks, drill plug, run Bailor Test (no water) 14 gals. of oil per hr. on 15 hr. test. Fractured formation in open hole from 2681' to 2751' 20,000 gals. of frac oil, 27,000 lbs. of 20-40 sand, maximum pressure 2400, minimum 2000. Injection rate 26 1/2 bbls. per minute including sand volume. Recovered load oil well produced 35 bbls. per day on 3 day test. Set Baker Bridge at 2616', perforated pipe from 2580' to 2592' four holes per foot. Fraced formation with 20,000 gals. of oil, 23,000 lbs. of 20-40 sand, minimum pressure 2100 maximum pressure 2700, injection rate 18 bbls per minute sand not included. Recovered load oil and well potential 58 bbls. per day.

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 R. A. T. Wright  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

Name J. M. Adams  
Position \_\_\_\_\_  
Company \_\_\_\_\_