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	<i>i</i>	Form C-103
		(Revised 3-55)
NE		RVATION COMMISSION
	MISCELLANEOUS R	
(Submit to a	ppropriate District Offic	e as per Commission Rule 1106)
COMPANY	Western - Tates	P. U. Box 445, Artesia, New Mexico
	bbA)	lress)
LEASE State 64	8 Tr. 2 WELL 10.	110 UNIT J S 25 T 18 S R 27 E
DATE WORK PER	RFORMED 8-8-57 to 8-	-19-57POOL Artesia
This is a Report	of: (Check appropriate)	block) XX Results of Test of Casing Shut-off
Beginnin	g Drilling Operations	XX Remedial Work
Plugging Plugging	{	OtherPerforating & Sand-oil Fracture
Detailed account	of work done, nature and	d quantity of materials used and results obtained.

Cleaned out to T.D. 2006' with reverse circulation rig., Run Caliper survey, Gamma-Neutron logs, Run 2006' of new J-55, 5 1/2" csg. to 2006' with 4 centralizers with back off nipple at 1350', Run Gamma-Neutron tie in log from T.D. back to 1300': Perf 32 h 1992-2000', injected 100 gals. MCA and Sand oil frocture with 15,000 gals lease crude with 30,000# sand. Set Bridge Plug at 1930' and perf. 32 h 1916-1924' and sand-oil fracture with 20,000 gals. lease crude with 40,000# sand. 1/10# of Adomite with first 3,000 gals. of each treatment, average injection rate 1st stage 17.7 BPM; rate 2nd stage was 21.1 BPM; max. press 1st stage 3750-PSI, min. 2250 PSI; Max press 2nd stage 3,000 PSI; min. 1850 PSI; Final shut in 1200 and 900 PSI

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY Original Well Data:

 DF Elev. 3555
 TD 2006' PBD ____ Prod. Int. 100 BOPD Compl Date 12-16-50

 Tbng. Dia 2"
 Tbng Depth 1900
 Oil String Dia ____ Oil String Depth ____

 Perf Interval (s) No oil string used on original completion

 Open Hole Interval 505 to 2006' Producing Formation (s) Grayburg sands

RESULTS OF WORKOVER:	BEFORE	AFTER	
Date of Test	8-1-57	10-1-57	
Oil Production, bbls. per day	2 BOPD	45 BOPD Pump	
Gas Production, Mcf per day		T	
Water Production, bbls. per day	0	0	
Gas-Oil Ratio, cu. ft. per bbl.	TSTM	TJIM	
Gas Well Potential, Mcf per day			
Witnessed by Loree Evans	Western - Yates		
	(Company)		
OIL CONSERVATION COMMISSION	I hereby certify that the infor above is true and complete to		
Name 11 A. Grennett	my knowledge. Name	AAN	
Title	Position Dist. Supt.	\sim	
Date 2	Company Western - Yati	e s	