

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

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

Name of Company <b>WATER FLOOD ASSOCIATES, INC.</b>				Address <b>BOX 376, ARTESIA, NEW MEXICO</b>			
Lease <b>STATE B</b>	Well No. <b>14</b>	Unit Letter <b>N</b>	Section <b>14</b>	Township <b>18S</b>	Range <b>28E</b>		
Date Work Performed <b>11/1 - 11/7, 1963</b>		Pool <b>ARTESIA</b>		County <b>EDDY</b>			

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations    ☐ Casing Test and Cement Job    ☒ Other (Explain):  
☐ Plugging    ☐ Remedial Work    **LINER**

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

RAN 9 JOINTS (292') OF 3 1/2" OD 9.2# CASING IN INJECTION WELL, STATE 14 NO. 14. BOTTOM OF LINER AT 2503'. CEMENTED W/75 SX INCOR W/2% GEL AND 12 1/2# PER SACK GILSONITE. REVERSED OUT 35 SX. PERFORATED 2306-12; 2476-80; 2491-96. FRAC'D W/18,000 GALS. WATER AND 16,000# SAND. PUT WELL BACK ON INJECTION.

RECEIVED

NOV 12 1963

O.C.C.  
ARTESIA, OFFICE

Witnessed by <b>JACK SAYERS</b>	Position <b>PROJECT ENGINEER</b>	Company <b>WATER FLOOD ASSOCIATES, INC.</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

## ORIGINAL WELL DATA

D F Elev.	T D	P B T D	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>M. L. Armstrong</i>	Name <i>Jack Sayers</i>
Title <b>WELLS AND GAS INSPECTOR</b>	Position <b>PROJECT ENGINEER</b>
Date <b>NOV 12 1963</b>	Company <b>WATER FLOOD ASSOCIATES, INC.</b>

U.S. AIR FORCE OFFICE

OIL CONSERVATION COMMISSION	
NATIONAL SERVICE OFFICE	
<i>3</i>	
NAME	/
ADDRESS	/
CITY	/
STATE	/
ZIP CODE	/
SUBJECT	/
DATE	/
TIME	/
FILE	/ -
BUREAU OF MINES	