

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY _____

SAN JUAN GAS CORPORATION (Address) **600 Shell Building - Tulsa, Oklahoma**

LEASE _____ WELL NO. _____ UNIT S T R
DATE WORK PERFORMED HIGHSMITH 4-D POOL I 4 25N 2W
9-24-57 Gavilin

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

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

Fracture treated down 5-1/2" casing with 60,000 lbs. 20-40 sand, 63,000 gal. water. Initial breakdown 2400 PSI Initial fracture pressure 14-50 PSI Dropped 60 rubber balls after 15,000 gal. pressure increased to 1600 PSI, dropped 60 balls after 30,000 gal. pressure increased to 2500 PSI released pressure; then fracture treated at 2200 PSI. Ran 2" EUE tubing to 3817 and swabbed well in. Estimated 3,000 mcf; shut in and waiting for potential test.

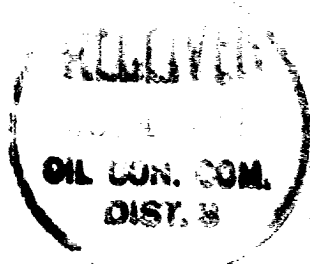
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

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 _____	_____	_____



OIL CONSERVATION COMMISSION

Name Original Signed Emery C. Arnold
Title Supervisor Dist. # 3
Date OCT 1 1957

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

Name Robert C. Jensen
Position _____
Company Vice President
San Juan Gas Corporation

THE UNIVERSITY OF MISSISSIPPI	
ADMISSIONS OFFICE	
Name _____	
Address _____	
City _____	
State _____	
Date _____	
Admission Fee	_____
Application Fee	_____
Registration Fee	_____
Books	_____
Room	_____
Meals	_____
Transportation	_____
Other	_____
Total	_____