

3 - MDOC  
3 - El Paso Natural Gas  
1 - L. G. Truby  
1 - File

Form C-103  
(Revised 3-55)

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY PACIFIC NORTHWEST PIPELINE CORPORATION  
(Address)

LEASE 30-6 WELL NO. 14-32 UNIT S 32 T 30N R 6W  
DATE WORK PERFORMED 12-29-56, 1-2-57 POOL Blanco

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

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

Drilled out under surface at 12 Noon 12-20-56. Drilled to 3590' and set 3577' of 7-5/8" at 3590 w/ 150 sz 8% gal and 50 sz Neat. PGB 8 AM 12-29-56. Drilled to 5800' and set 2326.17' of 5 1/2" casing from 3473.83 to 5800'. Cemented w/ 150 sz reg. PGB 8:30 AM 1-2-57. Squd top of liner w/ 50 sz reg w/ 1000'. Set lead seal and reversed 15 sz.

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 _____		

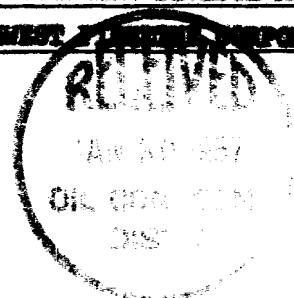
(Company)

OIL CONSERVATION COMMISSION

Name T. A. Dugan  
Title PETROLEUM ENGINEER DIST. NO. 3  
Date JAN 3 0 1957

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

Name \_\_\_\_\_  
Position T. A. Dugan, Assistant Division Manager  
Company PACIFIC NORTHWEST PIPELINE CORPORATION



OIL CONSERVATION COMMISSION		
ATTENTION: FIELD SERVICE		
NO. OF CASES	3	
DATE		
TIME		
LOCATION		
DESCRIPTION		
STATUS		
REPORTED BY		
DATE REPORTED		
U. S. G. S.		
Transporter		
File	1	✓