

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1196)

Name of Company **Gulf Oil Corporation** Address **P. O. Box 2167, Hobbs, New Mexico**

Lease **Theodore Anderson** Well No. **1** Unit Letter **0** Section **8** Township **20S** Range **37E**

Date Work Performed **6-20 - 7-12-61** Pool **Kument Gas - Monument** County **Lea**

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations Casing Test and Cement Job Other (Explain):
 Plugging Remedial Work **Repaired Tubing Leak**

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

Repaired tubing leak as follows:

Dropped standing valve, tested tubing with water, pressured to 500#. Inj rate 1/2 bpm at 500#. Killed well with 300 barrels oil, 130 bbls salt water. Pulled tubing and Brown packer. Found hole in tubing at 3300'. All tubing in bad condition. Ran and Set Baker Model D production packer at 3655'. Ran new string Class B J-55 tubing and CV. Closed upper CV at 3617'. Opened lower CV at 3719'. Ran rods and pump. Took packer leakage test. OK. Placed well on production.

Witnessed by **J. H. Noss** Position **Production Foreman** Company **Gulf Oil Corporation**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. **3547'** TD **3872'** P BTD **-** Producing Interval **3770-3872'** Completion Date **11-26-36**

Tubing Diameter **2"** Tubing Depth **3865'** Oil String Diameter **5 1/2"** Oil String Depth **3810'**

Perforated Interval(s)

Open Hole Interval **3770-3872'** Producing Formation(s) **Upper San Andres**

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	9-24-60	83	38.0	53	458	
After Workover	7-7-61	86	41.0	55	477	

OIL CONSERVATION COMMISSION

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

Approved by *[Signature]* Name *[Signature]*
Title *[Signature]* Position **Area Production Manager**
Date *[Signature]* Company **Gulf Oil Corporation**