

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Skelly Oil Company Box 38 Hobbs, New Mexico  
(Address)

LEASE Blue Quail Unit WELL NO. 1 UNIT "N" S 19 T 10S R 34E  
DATE WORK PERFORMED 11/15/57 - 11/17/57 POOL Undesignated

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.

Set 13-3/8"OD Casing at 350' and cemented with 370 sacks by the Halliburton Process.  
Cement circulated to surface. Plug down 2:30 P.M. November 15, 1957. W.O.C. 24 hours.  
Drilled plug and tested casing shut-off. Shut-off tested OK.

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

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

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_  
Position District Superintendant  
Company Skelly Oil Company