

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY The Texas Company Box 1720, Fort Worth, Texas  
(Address)

LEASE State of New Mexico  
"AW" NCT-2 WELL NO. 1 UNIT J S 21 T 10-S R 37-E  
DATE WORK PERFORMED See Below POOL Echols Devonian-North

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.  
**TD-12140 PB-12138**

**Spotted 100 Sx cement 12138-9625'. Shot 5 1/2" casing @ 5016'. Pulled and recovered 5010' of 5 1/2" casing. Spotted cement plugs as follows:  
30 Sx 9625-5000; 50 Sx 5000-4285; 100 Sx 4285-30'; 10 Sx at surface with Marker. Cleaned off location. Completed 12-13-57.**

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 [Signature]  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

Name [Signature]  
Position Asst. Dist. Supt.  
Company The Texas Company