

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS  
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Cities Service Oil Company  
(Address)

LEASE State BE WELL NO. 1 UNIT C S 16 T 11-S R 38-E  
DATE WORK PERFORMED 7-11-57 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.

**This well was spudded at 5:00 a.m., 7-11-57.**

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

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

Name [Signature]  
Position District Superintendent  
Company Cities Service Oil Company