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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

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

Name of Company **South Caprock** Address **1961 MAY 30 PM 3:05**
Union Oil Company of California, Queen Unit **205 E. Washington, Lovington, N. M.**

Lease **Tract 64** Well No. **10-28** Unit Letter **J** Section **18** Township **15 S** Range **31 E**

Date Work Performed **4-11 - 5-18-61** Pool **Caprock Queen** County **Chaves**

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations ☐ Casing Test and Cement Job ☒ Other (Explain): **Re-entry and completion**
☐ Plugging ☐ Remedial Work

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

Rigged up rotary. Removed marker and installed BOP. Cleaned out plugs to T.D. @3110'. Drilled 6 3/4" hole to 3145'. Ran 99 jts. and 1 pc. (3131.70') 4 1/2", 9.5#, J-55, 8rt, ST&C, new smls casing and cemented @ 3143.00' w/300 sx 3-1 pozmix cement. W.O.C. 18 hrs. Moved out rotary. Rigged up double drum unit and reverse drlg. unit. Drilled cement 3060' - 3121'. Tested casing w/1000 psi. OK

Treated well w/500 gal Wilson MHC Acid. F.B.D. w/4000 psi. Treated @ 400 psi @ 2 BPM. Swabbed tubing dry. Recovered approx 12 bbls acid and water. Had slight blow of gas.

Witnessed by _____ Position **Unit Superintendent** Company **Union Oil Company of California**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. **4459** T D **3110** PBTD **Surface** Producing Interval **---** Completion Date **Plugged 10-25-56**

Tubing Diameter **---** Tubing Depth **---** Oil String Diameter **---** Oil String Depth **---**

Perforated Interval(s) **---**

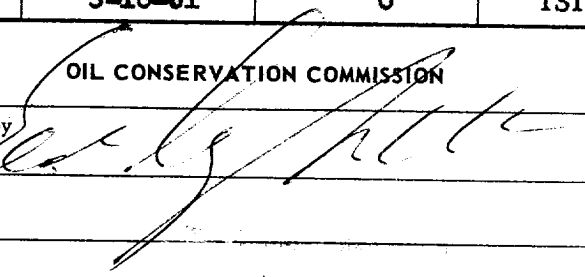
Open Hole Interval **---** Producing Formation(s) **---**

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	None					
After Workover	5-18-61	0	TSTM			

OIL CONSERVATION COMMISSION

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

Approved by  Name **ORIGINAL SIGNED BY: A. T. MANNON** **A. T. Mannon**
Title _____ Position **Unit Superintendent**
Date _____ Company **Union Oil Company of California**