

DUPLICATE

Form C-103
(Revised 3-55)

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY

Woolley-Green Box *528* *Loco Hills, N.M.*
(Address)

LEASE *State* WELL NO. *1* UNIT *G* *S* *31* *T* *15* *R* *31*

DATE WORK PERFORMED *2-18-57* 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.

Confirming telephone conversation 2-18-57. 50 sacks cement was pumped down 5½" casing and plug stayed at 2800'. Then shut 5½" off at 2400' with McCulla jet cutter. Was unable to move pipe valve apparently stuck in red bed section/ Put valve in pipe and moved off waiting on casing pullers.

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 *[Signature]*

Name *J. L. Briscoe*

Title *Dr. & Gas Engineer*

Position *Woolley-Green*

Date *2-20-57*

Company *Supt.*

Woolley-Green