

(Form C-104)
Revised 7/1/57

New Well Recompletion

12/1/61

(Date)

, Well No. 2, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,

P Sec **10**, T **13 S**, R **31 E**, NMPM., **Caprock Queen** Pool

Date Drilling Completed 11/1/61

Elevation 4433.8 D F Total Depth 3036 PBTD -

Top Oil/ ~~Gas~~ Pay **3010** Name of Prod. Form. **Queen Sand**

Perforations ///3072-3076///

Open Hole	3012-3036	Depth	3012	Depth	2963
		Casing Shoe		Tubing	

Natural Prod. Test: * bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 35 bbls, oil, 1 bbls water in 24 hrs, 0 min. Size **Choke Pump**

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 7,000 Gal Lease Oil & 7,000# 10-20- Mesh Sand

Casing	Tubing	Date first new	November 30, 1961
Press.	Press.	oil run to tanks	

Oil Transporter **The Permian Corporation**

Gas Transporter

Remarks: New Well - Initial Potential 35 Bbls Oil & 1 Bbl Water

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

Approved....., 19.....

(Company or Operator)

By: [Signature]
(Signature)

Title..... **Petroleum Engineer**.....
Send Communications regarding well to:

Name N. T. Emanuel

Address Box 355, Monahans, Texas

~~OIL CONSERVATION COMMISSION~~

By _____

Title 2