

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

Company ADA OIL COMPANY, P.O. Box 126, MIDLAND, TEXAS  
(Address)

Lease GULF STATE Well No. 1-13 Unit M S 13 T 13-S R 31-E

Date work performed 9-4-56 POOL CAPROCK QUEEN

This is a Report of (Check appropriate block) ☒ Result 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.

RAN 7 JTS., 206'; 8 5/8" OD 24# & 32# J-55 ST&C EW CASING, SET AT 218' AND CEMENTED W/135 SACKS REGULAR CEMENT W/2% CAL. CHL. CEMENT CIRCULATED. AFTER WOC 24 HRS, TESTED 8 5/8" CASING W/1000# FOR 30 MIN. TEST OK.

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 <u>R. F. Montgomery</u>	Name <u>Earl R. Bruno</u> (EARL R. BRUNO)
Title <u>PRODUCTION MANAGER</u>	Position <u>DISTRICT PRODUCTION MANAGER</u>
Date _____	Company <u>ADA OIL COMPANY</u>