

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Great Western Drilling Company Box 1659, Midland, Texas  
(Address)  
**North Central Caprock Queen Unit**  
LEASE ~~Tract #12~~ 14 WELL NO. 20-8 UNIT N S 14 T 13 R 31  
DATE WORK PERFORMED 2-16-60 POOL Caprock Queen

This is a Report of: (Check appropriate block) ☐ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☒ Other Converted to Injection

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

**Rods and tubing were pulled. Logs completed. No remedial work was indicated. A standard injection hookup was made and the well converted to injection.**

**(This well was formerly the Phillips Petroleum Company Levick #2)**

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 [Signature]  
Title \_\_\_\_\_  
Date [Signature]

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

Name O. H. Crews **O. H. Crews**  
Position General Superintendent  
Company Great Western Drilling Company