

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Bill A. Shelton Box 1156, Lovington, New Mexico  
(Address)

LEASE Manry - State WELL NO. 4 UNIT K S 14 T 13s R 31e  
DATE WORK PERFORMED \_\_\_\_\_ POOL Caprock Queens

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.

1. Spudding Date - 9/14/55
2. Set and Cemented 173 Feet of 8 5/8 surface casing - Used 125 sacks of cement and circulated to surface - Halliburton Method.
3. Set and cemented 3071 Feet of 5 1/2 casing - Used 100 sacks of cement - Halliburton Method.

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 PRODUCTION MANAGER  
Date SEP 20 1955

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

Name [Signature]  
Position Office Manager  
Company Bill A. Shelton