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 Greet Western Brilling Com		1659.	Kidlend	Towns	
Rock Queen Unit 23	ress)				
LEASE Trace 13 WELL NO.	#-4 UNIT	S	23 T	13 R	31
DATE WORK PERFORMED Bee. 1 4 2.	960 POOL	Capi	ock Queen		
This is a Report of: (Check appropriate b	olock)	Result	s of Test	of Casing	Shut-off
Beginning Drilling Operations		Remed	ial Work		
Plugging	X	Other	Converted	to Injec	tion_
Detailed account of work done, nature and	l quantity of	materia	ls used an	d results	obtaine
Well 23-4 was put on Injection De	c. 2, 1960.	The form	mition woul	e not tak	•
	A aadd waa in	instal s	iloule at 1	With not -	Tha
ater. An ecid treatment of 500 gal. of ma	e ecte and tu	lacter (	stoary at r	Ann bar.	Trid
ell went on a vacuum. It has since been a	a excellent i	njection	s well. In	Jecgress r	ecan
ubing under a packer set at 3001'.					
Adm. Or	der WFX No. 5	8			
		_			
		···		·	
FILL IN BELOW FOR REMEDIAL WORK	REPORTS O	NLY			
Original Well Data:					
DF Elev. TD PBD	Prod. Int.	Prod. Int. Compl Date			
Tbng. Dia Tbng Depth O	il String Dia	<del>                                     </del>	Oil Stri	ng Depth	
<u> </u>		,		• • _	
Perf Interval (s)	<del></del>	<del></del>			
Open Hole Interval Produc	ing Formatio	on (s)	<del></del>		<del></del>
RESULTS OF WORKOVER:		BE	FORE	AFTE	R
Date of Test					
Oil Production, bbls. per day	•	<del></del>			<del></del>
Gas Production, Mcf per day					
Water Production, bbls. per day		<del></del>	<del>y </del>		<del></del>
Gas Oil Ratio, cu. ft. per bbl.					<del></del>
Gas Well Potential, Mcf per day		<del> </del>	<del></del>	<del>.,</del>	
		<del></del>		<del></del>	<del></del>
Witnessed by		· • · · · · · · · · · · · · · · · · · ·	(Comp	any)	
OH CONCEDULATION CONTRACTOR	I hereby certify that the information given				
OIL CONSERVATION COMMISSION	above is true and complete to the best of				
	my knowled	dge.			
Name //// ///////////////////////////////	Name	OHE	ues	0.H.	Crews
Title	Position _	ministr	ative Coop	Haster	
Date	Company				my
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