

HOBS OF FICE OCC
Santa Fe New Mexico

1956 OCT 16 AM 10:12
WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

Salsich, McGrath and Smith
(Company or Operator)

Chavez-State "A"
(L)

Well No. 1, in SE $\frac{1}{4}$ of SE $\frac{1}{4}$, of Sec. 24, T. 13S, R. 31E, NMPM.

Caprock-Queen

Pool

Claves

County.

Well is 330 feet from South line and 990 feet from East line

of Section 24 If State Land the Oil and Gas Lease No. is E-5663

Drilling Commenced.....9/30/56..... 19..... Drilling was Completed.....9/12/56..... 19.....

Name of Drilling Contractor.....Jennings Drilling Company.....

Address Hobbs, New Mexico

Elevation above sea level at Top of Tubing Head.....4393..... The information given is to be kept confidential until
.....present....., 19.....

No. 1, from.....to..... No. 4, from.....to.....

No. 2, from.....to..... No. 5, from.....to.....

No. 3, from.....to..... No. 6, from.....to.....

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.

No. 2, from to feet.

No. 3, from to feet.

No. 4, from to feet.

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
4-1/2	21 1/2	9.5 Used	3055	Howee	-	open hole	producing string
8-5/8	24 1/2	Used	151	Howee	-	-	surface casing

SIZE OF HOLE	SIZE OF Casing	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
10	8-5/8	151	100	cement to surface		
7-7/8	4-1/2	3055	200			

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Natural:

Result of Production Stimulation.....

Depth Cleaned Out

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

Rotary tools were used from 0 feet to TD feet, and from _____ feet to _____ feet.

Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

Put to Producing.....**10/13**....., 19**56**.....

OIL WELL: The production during the first ~~24~~¹ hours was ~~56~~⁵⁶ barrels of liquid of which ~~100~~¹⁰⁰ % was oil; % was emulsion; % water; and % was sediment. A.P.I. Gravity.....

GAS WELL: The production during the first 24 hours was.....M.C.F. plus.....barrels of liquid Hydrocarbon. Shut in Pressure.....lbs.

Length of Time Shut in.....

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Northwestern New Mexico

T. Anhy.....	1170	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....	1570	T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....	2200	T. Montoya.....	T. Farmington.....
T. Yates.....	2340	T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....	-	T. McKee.....	T. Menefec.....
T. Queen.....	3055	T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....		T. Gr. Wash.....	T. Mancos.....
T. San Andres.....		T. Granite.....	T. Dakota.....
T. Glorieta.....		T.	T. Morrison.....
T. Drinkard.....		T.	T. Penn.....
T. Tubbs.....		T.	T.
T. Abo.....		T.	T.
T. Penn.....		T.	T.
T. Miss.....		T.	T.

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

October 15, 1956 (Date)

Company or Operator... **Salsich, McGrath and Smith**

Name... *Pomeroy Smith*
Pomeroy Smith

Address... **Box 2777, Midland, Texas**

Position or Title... **Partner**

DUPLICATE

(File the original and 4 copies with the appropriate district office)

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Company or Operator Salsich, McGrath and Smith Lease Chaves State "A"

Well No. 1 Unit Letter P S 24 T 13 R 31 Pool Caprock-Queen

County Chaves Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit 1 S 24 T 13 R 31

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline

Address Box 1510, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas -

Address -

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

insufficient amount

Reasons for Filing: (Please check proper box) New Well ☒ xt

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 17th day of October 19 56

By Pomeroy Smith

Approved OCT 19 1956 19

Title Partner

OIL CONSERVATION COMMISSION

Company Salsich, McGrath and Smith

By O. M. Leeder

Address Box 2777, Midland, Texas

Title Engineer