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# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## VARIETIES REPORTS ON WELLS

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

Name of Company <b>Cities Service Petroleum Company</b>		Address <b>Box 97 - Hobbs, New Mexico</b>				
Section <b>D.O.S.U. Tract 3</b>	Well No. <b>4-17</b>	Unit <b>P</b>	Section <b>10</b>	Township <b>14-S</b>	Range <b>31-E</b>	
Date Work Performed <b>11-9-61 &amp; 11-21-61</b>		Pool <b>Caprock-Queen</b>			County <b>Chaves</b>	

THIS IS A REPORT OF (Check appropriate box)

- ☐ Beginning Drilling Operations
 ☐ Casing, Test and Completion
 ☒ Other (Explain)
- ☐ Plugging
 ☐ Remedial Work

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

This well came into Drickey Queen Sand Unit effective 10-1-59, and was disconnected from pumping equipment effective 11-9-61. This well was converted to a water injection well with the following equipment installed: 1-7" Udell Packer 4.55' with 96 jts. of used 2" EUE 4.7# 8R J-55 SS tubing, cement-lined, or 2928' set at 2941'. Packer set at 2936'. Effective 11-21-61, date of first water injected.

Witnessed by **J. L. Bussell** Position **Assistant Production Foreman** Company **Cities Service Petroleum Company**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL FILED IN

D F Elev. **TD** **P** **Interval** **Completion Date**

Tubing Diameter **Tubing Depth** **Oil String Depth**

Perforated Interval(s)

Open Hole Interval

### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet, Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by **[Signature]** Name **[Signature]**  
 Title **District Superintendent**  
 Date **Cities Service Petroleum Company**