

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

OCT 7 PM 2:37

COMPANY Graridge Corporation, Box 752, Breckenridge, Texas  
(Address)

LEASE Caprock Queen Unit 1 WELL NO. 5-12 UNIT L S 5 T 13S R 32E  
DATE WORK PERFORMED See Below 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 See Below

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

9-2-58 Pulled rods and tubing. Ran Gamma Ray-Neutron and Caliper Logs.  
9-4-58 Plugged back to 3038 feet with gravel and calseal. Ran 4½" liner on 2"  
tubing. Cemented with 150 sacks. Unable to release from liner. Pulled  
liner.  
9-5-58 to  
9-12-58 Drilling out cement and cleaning out.  
9-12-58 Cleaned out to 3035 feet. Ran 43.5 feet of 4½" OD 12.6# liner and set  
at 3032 feet. Cemented with 150 sacks.  
9-13-58 WOC  
9-14-58 to  
9-18-58 Tested liner; no leak. Cleaned out to 3038 feet.  
9-18-58 Tested well; took 1" stream of water on vacuum. Released rig.  
10-4-58 Placed well on water injection.

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 <u>Paul Holloway</u>	<u>Graridge Corporation</u> (Company)	

OIL CONSERVATION COMMISSION

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

Name [Signature]  
Title Secretary  
Date \_\_\_\_\_

Name B. G. Harrison (B. G. Harrison)  
Position Manager of Secondary Recovery  
Company Graridge Corporation