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 __Amerada Petroleum Corporation__   __Box 636, Lovington, New Mexico__
(Address)

LEASE __J. E. Stevens__   WELL NO. __7__ UNIT __G__ S __33__ T __14-S__ R __33-E__
DATE WORK PERFORMED __7/9-14/59__   POOL __Saunders__

This is a Report of: (Check appropriate block)   [x] 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.
10,015' TD. Finished drilling 7-7/8" hole to 10,015' at 7:15 AM 7-9-59. Ran a total of
148 jts. of 5-1/2" casing liner set at 10,011', with Brown Oil Tool Type "C" 8-5/8" x
5-1/2" casing hanger. Top of liner at 4017'. Cemented bottom of liner with 600 sacks of
Slo-Set cement, mixed 2% Gel. Pumped plug to 9929' at 9:45 AM with maximum pump pressure
2100#. Circulated and reciprocated casing 30 minutes before setting liner at 4017'.
Squeezed top of liner with 200 sacks regular cement down 4-1/2" drill pipe and with
8-5/8" Howco RTTS tool set at 3887'. Maximum pressure 1900#, minimum pressure 1700#, left
80' of cement in 8-5/8" casing on top of 5-1/2" casing liner. Held 1500# pressure on
cement 2-1/4 hours, release pressure, held O.K. Tested top of 5-1/2" casing liner after
drilling out with 1500#, held O.K. Tested 5-1/2" casing liner with 1500# after drilling
out to 10,006', held O.K. 4-13-59.
Resume completion operations.

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   I hereby certify that the information given
above is true and complete to the best of
my knowledge.
Name _____   Name _____
Title _____   Position __District Superintendent__
Date _____   Company __Amerada Petroleum Corporation__