

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY TEXACO Inc. PO Box 352 Midland, Texas
(Address)

LEASE St. N.M. "AS" NGT-1 WELL NO. 1 UNIT A S 6 T 15-S R 32-E
DATE WORK PERFORMED May 27, 1959 POOL Tulk (Wolfcamp)

This is a Report of: (Check appropriate block) ☐ 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.

Acidize perforations from 9700' to 9726' with 5000 gals regular 15% acid. Ran kobe pump. Job complete 11:30 p.m. May 12, 1959. Test well and return well to production.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. 4325' TD 9802' PBD 9730' Prod. Int. 9698' to 9727' Compl Date 8-12-51
Tbng. Dia 2 3/8 Tbng Depth 9710' Oil String Dia 5 1/2 Oil String Depth 9730'
Perf Interval (s) 9700' to 9726'
Open Hole Interval none Producing Formation (s) Wolfcamp

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	<u>4-1-59</u>	<u>5-26-59</u>
Oil Production, bbls. per day	<u>6</u>	<u>50</u>
Gas Production, Mcf per day	<u>8</u>	<u>23</u>
Water Production, bbls. per day	<u>1</u>	<u>5</u>
Gas-Oil Ratio, cu. ft. per bbl.	<u>1410</u>	<u>465</u>
Gas Well Potential, Mcf per day	<u>---</u>	<u>---</u>
Witnessed by _____		

(Company)

OIL CONSERVATION COMMISSION

Name [Signature]
Title _____
Date _____

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

Name [Signature]
Position Assistant District Supt.
Company TEXACO Inc.