

DUPLICATE

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 The Texas Company Box 1270 Midland, Texas
(Address)

LEASE State of New Mexico
"BS" NCT-1 WELL NO. 1 UNIT B S 10 T 15-S R 32-E
DATE WORK PERFORMED See Below 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.

TD - 9953

Cut off casing spool and pulled on 5½" casing.
Casing stuck at 4800' on 2/8/56. Set cement plug from 9496'-9895' and ran free-point at 4650'. Cut off casing at 8010' but unable to break circulation. on 2/9/56. Cut off casing at 8810' but failed to break circulation. Cut off casing at 7500' and 6500' but failed to break circulation on 2/12/56. Cut off casing at 6000' on 2/13/56. Failed to circulate at 6000'. Cut off casing at 5500' and pulled 5500' of 5½" casing on 2/14/56. Ran 2" tubing and spotted 30 sack cement plug from 5525'-5475', 30 sack cement plug from 4125'-4025' and 15 sack cement at surface. Set steel marker 4" in diameter and extending 4' above mean ground level showing well location. Completed 2-27-56.

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

Name M L Armstrong
Title Oil & Gas Inspector
Date April 1956

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

Name [Signature]
Position Asst. Dist. Superintendent
Company The Texas Company