

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Cities Service Oil Company Box 97, Hobbs, New Mexico
(Address)

LEASE State BD WELL NO. 1 UNIT A S 15 T 16-S R 33-E
DATE WORK PERFORMED Aug. 25, 1957 to Aug. 30, 1957 POOL Wildcat
Inclusive

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.

State BD #1 was drilled to 4462', PB 3984'. This well was non-commercial and it was plugged. The hole was loaded with approximately 235 barrels of 9.5 mud. The 5 1/2" casing was shot off at 2645'. The following plugs were spotted: 25 sacks at 3981-3889' to seal off perforations in 5 1/2" casing; 25 sacks at 2652-2552' where 5 1/2" casing was shot off; 25 sacks at 1532-1432' to seal off top of salt; 40 sacks at 364'-289' at base of 8 5/8"; and 10 sacks in top of hole. Maffey was installed and location was cleared of all debris, cellar filled and location was cleaned up and leveled. Plugging operations were supervised by Mr. B. V. Dodson, 121 South Bark Street, Hobbs, New Mexico (Lea County Casing Pullers) and Mr. W. M. Dickey, Production Foreman, Box 97, Hobbs, New Mexico (Cities Service Oil Co.).

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 [Signature]
Title _____
Date _____

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

Name [Signature]
Position Dist. Supt.
Company Cities Service Oil Co.