

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Tennessee Gas Transmission Co. P. O. Box 1031 Midland, Texas  
(Address)

LEASE State "A" WELL NO. 1 UNIT M S 20 T 16-S R 34-E

DATE WORK PERFORMED \_\_\_\_\_ POOL \_\_\_\_\_

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.

Ran 4516' of 8-5/8" OD, J-55, 32# casing set at 4531' RDB. Cemented casing w/1400 sx.  
Plug down at 7:05 PM 3/10/57. Ran temperature survey after WOC 11 hours. Top  
of cement at 100'. Tested casing w/1000 psi for 30 minutes after WOC 31 hours.  
Held OK.

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 E. J. Schmalz  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

ORIGINAL SIGNED BY J. P. SCHMALZ  
Name J. P. Schmalz  
Position District Superintendent  
Company Tennessee Gas Transmission Company