

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Tennessee Gas Transmission Co. 203 N. Linan, Hobbs, New Mexico  
(Address)

LEASE State Western "A" WELL NO. 1 UNIT 0 S 20 T -16-S R -34-E  
DATE WORK PERFORMED 5/30/57 POOL Kennitz-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.

Spudded 17½" hole @ 11:00 AM, 5/29/57. Ran 345.6' of 13 3/8", H-40, 48# casing (w/Texas Pattern Guide Shoe and Baffle Collar), set at 361.3' RDB. Cemented w/400 sx. Circulated 25 sx. Plug down @ 12:35 PM 5/30/57. Pressure tested casing w/600 PSI for 30 minutes after WOC 24 hours. Held O. K.

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 \_\_\_\_\_  
Position D. P. Dampf District Superintendent  
Company Tennessee Gas Transmission Co.

Name E. J. Kissel  
Title \_\_\_\_\_  
Date \_\_\_\_\_