

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106) AM 2 25

COMPANY TENNESSEE GAS TRANSMISSION COMPANY, P. O. Box 2544, Hobbs, New Mexico  
(Address)

LEASE State Western "A" WELL NO. 2 UNIT A S 29 T-16-S R-34-E  
DATE WORK PERFORMED 11/14 & 11/15/57 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, 10:00 p.m., 11/14/57. Drilled to 345' & ran 329' 13 3/8"  
48#, R-40 casing (guide shoe). Set at 343' w/400 sx cement. Plug down  
3:10 p.m., 11/15/57. WOC total 24 hrs & pressure tested w/600 psi for 30 min.  
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 \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

Name \_\_\_\_\_  
Position District Production Superintendent  
Company Tennessee Gas Transmission Company