

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY TENNESSEE GAS TRANSMISSION COMPANY, 203 North Linan, Hobbs, New Mexico  
(Address)

LEASE State A. A. Kemnitz "A" WELL NO. 5 UNIT K S 30 T -16-S R -34-E

DATE WORK PERFORMED 8/29/57 POOL Kemnitz-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.

Drilled 11" hole to 4546'. Ran 4531' 8 5/8" OD, 32#, J-55; 32# H-40;  
34# J-55, Casing (Float Shoe & Baffel Collar), and set at 4544' w/1700  
sx cement. Plug down 9:45 P.M., 8/29/57. WOC 30 hrs & pressure tested  
w/1100 psi for 30 minutes. 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 [Signature]  
Title [Signature]  
Date \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Name [Signature] -D. P. Dwyer  
Position District Production Superintendent  
Company Tennessee Gas Transmission Company