

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

HOBBS OFFICE OCC  
10:57

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

LEASE State AW WELL NO. 1 UNIT 0 S 35 T 15 R 36

DATE WORK PERFORMED 10-9-55 & 10-11-55 POOL Undesignated

This is a Report of: (Check appropriate block)

<input checked="" type="checkbox"/> Results of Test of Casing Shut-off
<input type="checkbox"/> Beginning Drilling Operations
<input type="checkbox"/> Remedial Work
<input type="checkbox"/> Plugging
<input type="checkbox"/> Other

Detailed account of work done, nature and quantity of materials used and results obtained.

This well was drilled to 4920' in anhydrite. Ran 154.5 joints, 4907.29', 8 5/8" OD 32# SR J-55 SS casing set at 4920' and cemented with 3065 sacks containing 48 gal, 383 sacks strata crete with 300 sacks neat cement on bottom. Plug was down at 6:30 p.m., October 9, 1955. Cement circulated. Cement was allowed to set 48 hours before testing for shut-off. Prior to drilling plug, 2000 pounds pressure was applied with no drop in pressure during a 30-minute interval. After drilling plug, 1100 pounds pressure was applied with no drop in pressure during a 30-minute interval. Drilling resumed.

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 10-11-55

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

Name [Signature]  
Position District Superintendent  
Company Cities Service Oil Company