

WT-MM	B. C. Dickinson "A" #2	Denton (Wolfcamp)	Lea	New Mexico
Province	Lease—Tract—Well No.	Field—Pool—Producing Zone	County	State

DRILL STEM TESTS				
Drill Stem Test No.	1			
Date	9-21-51			
Name of Test Tool	HOWCO			
Kind of Packer	8" formation			
Depth of Hole	9422'			
Depth—Bottom of Packer	9333'			
Name—Formation Tested	Wolfcamp			
Interval Tested (If Open Hole, so State; or if Perforated casing, Give Top and Bottom of Perforations)	9333 - 9422			
Water Load	None			
Chokes (Bottom and Top)	5/8" - 1"			
Total Length of Time Tool Open	1 hour			
No. of Times & Elapsed Time Tool Opened Each Attempt	once			
Surface Reaction: Type and Elapsed Time				
(1) Air	Good blow			
(2) Gas	To surface in 42 min.			
(3) Water Load (Specify if Charged with Oil or Gas)	None			
(4) Drilling Mud (Specify if Cut with oil, Gas and/or Water)	None			
(5) Oil/Gas (Estimate or Gauge Quantity; % B. S. & /or water)	None			
(6) Water (Specify kind and if cut with Oil and/or Gas or B. S.)	None			
Recovery Fluid In Feet from Drill Pipe				
(1) Water Load	None			
(2) Mud	184' O&G cut			
(3) Oil and Gas	8029' oil			
(4) Water—Kind? (i.e. Salt or Sulphur, Fresh, etc.)				
BHP Flowing	2705#			
BHP Shut In	3590#			
Rate Flow Oil and Gas	None			
Gas/Oil Ratio BS & W	None			
REMARKS: (Should Indicate Reaction after Tool Closed and While Coming out of Hole. Specify.)				

DRILL STEM TESTS				
Drill Stem Test No.				
Date				
Name of Test Tool				
Kind of Packer				
Depth of Hole				
Depth—Bottom of Packer				
Name—Formation Tested				
Interval Tested (If Open Hole, so State; or if Perforated casing, Give Top and Bottom of Perforations)				
Water Load				
Chokes (Bottom and Top)				
Total Length of Time Tool Open				
No. of Times & Elapsed Time Tool Opened Each Attempt				
Surface Reaction: Type and Elapsed Time				
(1) Air				
(2) Gas				
(3) Water Load (Specify if Charged with Oil or Gas)				
(4) Drilling Mud (Specify if Cut with oil, Gas and/or Water)				
(5) Oil/Gas (Estimate or Gauge Quantity; % B. S. & /or water)				
(6) Water (Specify kind and if cut with Oil and/or Gas or B. S.)				
Recovery Fluid In Feet from Drill Pipe				
(1) Water Load				
(2) Mud				
(3) Oil and Gas				
(4) Water—Kind? (i.e. Salt or Sulphur, Fresh, etc.)				
BHP Flowing				
BHP Shut In				
Rate Flow Oil and Gas				
Gas/Oil Ratio BS & W				
REMARKS: (Should Indicate Reaction after Tool Closed and While Coming out of Hole. Specify.)				

Above Correct—Signature Norman A. Camp
Title District Supt
Date _____

IT IS RECOMMENDED THIS INFORMATION BE COMPILED ON DERRICK FLOOR AND ORIGINAL BE PERMANENTLY RETAINED IN WELL RECORD.

Page No. _____ of _____ Pages (Use Reverse Side "Tumble Fashion" for Additional Space)

WT-NN

B. C. Dickinson "A" #2

Denton (Welfcamp)

Los Angeles

Province

Lease—Tract—Well No.

Field—Pool—Producing Zone

County

State

DECLINATION TESTS

SAFETY JOINT

[illegible]

CORE REFERENCE DETAILS

"Daily Drilling or Remedial History (3B-459)"

[illegible]

BOTTOM HOLE PRESSURE: DATUM

[illegible]

ELECTRICAL OR OTHER LOGGING OR SPECIAL TESTING DATA (Including surveys)

[illegible]

EQUIPMENT: Supply "Pumping Record (3B-432-B)" or "Gas Lift Installation (3B-587)" Where Applicable

Date	Item	Test Pres.	Make	Dwg. No.	Serial No.	Date Removed	Reason
	"Pickup Joint: Size and Thread"						
	Tubing Head						
	Braden Head						
	Casing Head						
	Flow Line Size & Length		Wells in Same Line (Nos.)				
	Separator (Make)		Wells in Same Separator (Nos.)				
	Battery No.	Number and Size:	Wood	Capacity:	Steel	Capacity: Total	Capacity on Lease
	Wells in this Battery (By the Numbers)						

IMPORTANT: Compile in every applicable detail and forward **IMMEDIATELY** on completion of new well attached to the final "Daily Drilling or Remedial History" (SB-450). OLD WELLS: Where "Inhole" work is done, compile form in every applicable detail from time of original completion, including present work. All cumulative data **MUST** be included as space permits. Indicate pertinent information which cannot be covered in the body of the form in space below, including removals from proration schedule—"Date, Supplement, Length of Time Off (in das.), Barrels of Production Lost, Date Returned to Production." Give conditions "BEFORE" and "AFTER" on remedial operations. (The Accurate Compilation of the Record is Invaluable).

Dates _____ Above Correct—Signature(s) _____

For Driller Section

For Release on 09-10-2009

Superintendent

