

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

Company TIDE WATER ASSOCIATED OIL COMPANY P.O. Box 547 Hobbs, New Mexico
(Address)

Lease State "sp" Unit Well No. 7-D Unit J S 32 T 16-S R 37-E
Date work performed 6-17-55 POOL Lovington Abo

This is a Report of (Check appropriate block) ☒ Result 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 at 4:00 a.m. on 6-17-55. Drilled to T.D. 300'.
Ran, set & cemented 13-3/8" casing at 294.16 with 350 sacks of
cement. Plug down at 11:15 p.m. on 6-17-55. Cement did not
circulate. Ran 1" pipe outside casing to top of cement and circ-
ulated cement with additional 300 sacks. Total cement 650 sacks.

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 _____	Name <u>H.P. Shackelford</u> H.P. Shackelford
Title _____	Position <u>Area Superintendent</u>
Date _____	Company <u>Tide Water Associated Oil Company</u>