

NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION				FORM C-103 (Rev 3-55)	
		MISCELLANEOUS REPORTS ON WELLS					
(Submit to appropriate District Office as per Commission Rule 1106)							
Name of Company Sinclair Oil & Gas Company				Address 520 E Broadway, Hobbs, N.M.			
Lease Reed Estate		Well No. 2	Unit Letter I	Section 22	Township 15S	Range 38E	
Date Work Performed see below		Pool Medicine Rock Devonian			County Lea		
THIS IS A REPORT OF: (Check appropriate block)							
☐ Beginning Drilling Operations		☒ Casing Test and Cement Job		☒ Other (Explain): Perforations, Treatments & Squeezes			
☐ Plugging		☐ Remedial Work					
Detailed account of work done, nature and quantity of materials used, and results obtained.							
7-26-62 12810TD - Cemented 12810' of 5-1/2" casing (3525' 20# N-80 & 9285' 17# N-80) w/730 sks cement (630 sks 1-1 pos plus 8% gel & 100 sks w/latex) Completed at 1:00 PM 7-26-62. WOC. 7-30-62 12797PBD - temperature survey indicated top of cement behind 5-1/2" casing at 3800'. Tested casing w/1000 lbs pressure for 30 mins before & after drilling out - no decrease in pressure - tested OK. Cement set 24 hrs prior to testing. Jet perforated 5-1/2" csg 12762-779 w/34 1/2" holes. Run tbg to 12611 w/packer at 12518. Mud acid washed perms w/ 500 gals, Max Press 2800#, Min Press 2100#, inj rate 1.7 BPM. Swabbed 304 bbls formation water & 12 bbls new oil in 24 hrs.							
(cont'd back side of form)							
Witnessed by V.R. Black		Position Foreman		Company Sinclair Oil & Gas Company			
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY							
ORIGINAL WELL DATA							
D F Elev.		T D		PBD		Producing Interval	
						Completion Date	
Tubing Diameter		Tubing Depth		Oil String Diameter		Oil String Depth	
Perforated Interval(s)							
Open Hole Interval				Producing Formation(s)			
RESULTS OF WORKOVER							
Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD	
Before Workover							
After Workover							
OIL CONSERVATION COMMISSION				I hereby certify that the information given above is true and complete to the best of my knowledge.			
Approved by				Name			
Title				Position			
Date				Company			
				Dist. Supt.			
				Sinclair Oil & Gas Company			

8-1-62

0-4-62

8-5-62

24-00000

69-6-2

29-17-8

39-178

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25-7-52

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29-42-9

53-15780

8-17-8

8-2-59

02-18-9