

OIL CONSERVATION COMMISSION

P. O. BOX 2045

HOBBS, NEW MEXICO

DATE November 27, 1956

TO:

The Texas Company

Box 1270

Midland, Texas

Gentlemen:

In accordance with the provisions of Commission Order No. R-914,
your State of New Mexico "CD" #3 in Unit B Sec. 23-18-33, which
Lease Well No. S-T-R

is currently listed in the undesignated section of the oil proration

schedule, will appear in the B K Queen Pool in
the January proration schedule.

Please file Form C-110 showing the change in pool designation of
this well.

Yours very truly,

OIL CONSERVATION COMMISSION

R. F. Montgomery
Proration Manager

RFM/hs

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY The Texas Company Box 1270 Midland, Texas
(Address)

LEASE St of NM "GB" WELL NO. 3 UNIT B S 23 T 18-S R 33-E
DATE WORK PERFORMED See below POOL Undesignated

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.

Total depth: 4320'
8 5/8" csg at 1640'

At a depth of 4320' ran and cemented 165 jts 4282' of 4½" OD csg at 4295 with 500 sx regular by Halliburton.

Tested casing with 1000 PSI for 30 minutes from 6:30-7:00 AM 11-4-56 before drilling plug. Tested o.k.

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 R. F. Montgomery
Title PRODUCTION MANAGER
Date DEC 3 1956

I hereby certify that the information given above is true and complete to the best of my knowledge.
Name _____
Position Asst. Dist. Superintendent
Company The Texas Company