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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 106) 106 106 '64

Name of Company PERRY R. JAMES				Address Box 1178, Pecos, Texas			
Lease TP State	Well No. 1	Unit Letter A	Section 16	Township 18 South	Range 34 East		
Date Work Performed 6-29-64	Pool Wildcat			County Lea			

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☐ Other (Explain):
- ☒ Plugging
 ☐ Remedial Work

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

Drilled 8-3/4" hole to 10320 TD. Starting 6-27-64, plugged the well as follows: Spotted 50 ex. cement at each of the following depths: 10320, 9640, 8800, 5970, and 4985. Ran free-point indicator (McCullough), found free point at 2429. Cut the 7-5/8" ID casing at 2427, pulled and recovered 7-5/8" casing. Ran drill pipe, spotted 45 ex. cement at 2427, spotted 45 ex. cement at 2300. Spotted 45 ex. cement at 1500, spotted 45 ex. cement at 475'. Spotted 20 ex. cement in the top of the 13-3/8" ID casing. Released rig at 6:00 a.m. 6-29-64.

Installed pipe marker with permanent-type well sign in accordance with State Regulations, showing operator, lease name, well number, and location of well. Cleaned and levelled location, removed all debris.

Characteristics of mud left between plugs: Mud weight 9.15/lb., viscosity 38 sec., water loss 14.2 cc, cake 2/32".

Witnessed by F. Sargent	Position Drilling Supt.	Company PERRY R. JAMES
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	TD	PBTD	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

Approved by <i>John W. Ryan</i>	Title Asst. Division Manager	Date	I hereby certify that the information given above is true and complete to the best of my knowledge. <i>Walter D. Powers</i> Name Walter D. Powers Position Asst. Division Manager Company PERRY R. JAMES
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