

HOBBS OFFICE 000

Form C-103  
(Revised 3-55)

1957 FEB 6 AM 10:04  
NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Cities Service Production Company, Box 97, Hobbs, New Mexico  
(Address)

LEASE Stiles WELL NO. 1 UNIT B S 5 T 17S R 38E  
DATE WORK PERFORMED 1-12-57 & 1-14-57 POOL Wildcat

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.

Stiles No. 1 was drilled to a total depth of 625' in Red Bed. 13 3/8" OD 48# H-40 SS casing was set @ 309.46 and left in hole. Cement circulated. The hole was loaded with 95 barrels of 10.4 mud laden fluid. Spotted 100 sacks regular cement 625'-496', spotted 100 sacks regular cement 334'-215', spotted 10 sacks cement in top of 13 3/8". A 4" marker has been installed to mark the abandoned location. The pits have been filled and leveled. Location has been cleared of all debris. It is ready for inspection.

E. B. Thomas, Thomas Drilling Company, Box 2646, Hobbs, New Mexico and W. M. Dickey, Production Foreman, Cities Service Oil Company, Box 97, Hobbs, New Mexico were in charge of the work.

## 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 E. Fischer  
Title District Superintendent  
Date \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.

Name W. M. Dickey  
Position District Superintendent  
Company Cities Service Production Company