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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 17(66) 42 11 '64

Name of Company Cities Service Oil Company				Address Box 69, Hobbs, New Mexico			
Lease State K	Well No. 6	Unit Letter G	Section 27	Township 17S	Range 35E		
Date Work Performed	Pool Undesignated			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 to 6270' T.D. Ran 187 jts. 5 1/2" 14-5.5# casing set @ 6269; with D.V. Tool @ 4982'. Cemented 1st stage w/155 sacks neat plus 1% salt, 6% turbulent flow additive, 2% anti-foaming agent. Cemented 2nd. stage w/410 sax 50% pos. mix, 2 1/2% salt, 1% turbulent flow additive plus 50 sax neat, 1% salt, 6% turbulent flow additive, plug down 12:00 noon 12-27-63. Perforated 4 hole @ 3450, recemented w/100 sax neat cement. W.O.C. 10 hrs, ran temperature survey top cement 3090; perforate 4 holes @ 3090; recemented w/75 sax neat cement. WOC 10 hrs. Ran temp. survey, top cement @ 2640; tested casing w/1000# before and after drilling plug. Shut off ok. Plug back total depth 6250'. Displaced mud with water, perforated 6178'-6200', (22) 2-jet shots/foot 44 holes, ran 2" tubing set @ 6054.30 w/sweet hookwall packer.

Witnessed by C. G. Taylor	Position Asst. Prod. Foreman	Company Cities Service Oil Company
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

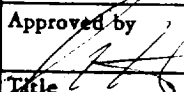

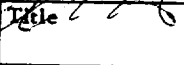
D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

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 District Superintendent
Date	Company Cities Service Oil Company