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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 1106)*

| Name of Company | Address |
|---|---|
| **Cities Service Oil Company** | **Box 97, Hobbs, New Mexico** |

| Lease | Well No. | Unit Letter | Section | Township | Range |
|---|---|---|---|---|---|
| **State BF** | **2** | **K** | **16** | **20S** | **33E** |

| Date Work Performed | Pool | County |
|---|---|---|
| **12-23-60 & 12-25-60** | **Undesignated** | **Lea** |

## THIS IS A REPORT OF: *(Check appropriate block)*

- [ ] Beginning Drilling Operations
- [x] Casing Test and Cement Job
- [ ] Other *(Explain)*:
- [ ] Plugging
- [ ] Remedial Work

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

This well was drilled to 2955' in anhydrite. Ran 93.12 joints (2938.8) 7" OD 20#
8rd. J-55 SS Casing set @ 2950.8'. Cemented w/600 sacks 50-50 pozmix with 2% gel followed
with 150 sacks neat cement mixed with 15.9 lbs. salt per sack. Cement circulated. Plug
down 1:38 P.M. 12-23-60. Cement was allowed to set 48 hours prior to testing for shut-off.
Tested casing with 750# for 30 minutes before drilling plug. Tested casing with 1550# for
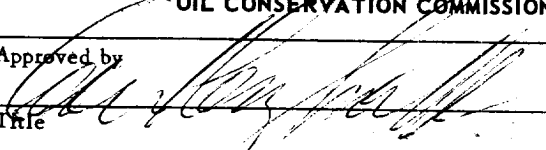30 minutes after drilling plug. There was no drop in pressure.

| Witnessed by | Position | Company |
|---|---|---|
| **W. M. Dickey** | **Production Foreman** | **Cities Service Oil Company** |

## 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 Supt.** |
| Date | Company |
| | **Cities Service Oil Company** |