NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)												
Name of Company TEXACO Inc.						P. O. Box 728 - Hobbs, New Mexico						
Lease State Nov. M	ord on HO	Well	No.	Unit	Letter	Section	Township		R	Rang	2	
State New Medical Date Work Performed	Pool	I _A I		<u> </u>	_0	1 31	County	5	L		33-E	
August 3, 1961		Undesign						I	Lea		· · · · · · · · · · · · · · · · · · ·	
Beginning Drilling Oper		THIS IS A R										
Beginning Drilling Operations												
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Detailed account of work done, nature and quantity of materials used, and results obtained. TD - 13,785' 7" OD Casing set at 10,980'												
Ran 3,499' of 5" OD Liner, 18:00 Lb, P-110, 8-R, (Hung in 7" OD Casing at 10,275'), and cemented at 13,782' with 500 sx retarded regular. Plug at 13,740' squeeze top of liner with 200 sx retarded cement. Job complete 5:45 p.m. August 1, 1961.												
Tested top of 5" Liner for 30 minutes with 1500 PSI from 6:00 to 6:30 p.m. August 2, 1961. Tested O.K. Drilled out cement to top of Liner and retested for 30 minutes with 1500 PSI from 8:30 to 9:00 p.m. August 2, 1961. Tested O.K. Tested bottom of Liner for 30 minutes with 1500 PSI from 1:00 to 1:30 a.m. August 3, 1961. Tested O.K. Drilled cement plug and re-tested for 30 minutes with 1500 PSI from 3:30 to 4:00 a.m. August 3, 1961. Tested O.K. Job complete 4:00 a.m. August 3, 1961.												
Witnessed by Position						Company						
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY												
DF Elev. TD PBTD					WELL DATA Producing Interval Completion Date							
Di Elev.			T B I D				. roducing interval		val .	Completion Date		
Tubing Diameter	Tubing Depth				Oil String Diamet		er		Oil String Depth		h	
Perforated Interval(s)												
Open Hole Interval					Producing Formation(s)							
RESULTS OF WORKOVER												
Test Date of Test		oduction PD	n Gas Produ MCFP				Production BPD			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 A. G. Blevins, Jr.							
Title Control of the					Position Assistant District Superintendent							
Date					Company TEXACO Inc.							