

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Tide Water Associated Oil Company Box 547 Hobbs, New Mexico  
(Address)

LEASE STATE "AC" WELL NO. 1 UNIT F S 5 T 19-S R 37-E  
DATE WORK PERFORMED 2-15-56 thru POOL Eumont Gas Field  
2-25-56

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☒ Other Sandfrac

Detailed account of work done, nature and quantity of materials used and results obtained.  
2-15-56 Drilled to T.D. of 3923'. Ran logs.  
2-16-56 Ran, set & cemented 5-1/2" csg @ 3922' w/ 450 bks of 8% gel cement. Plug down @ 10:30 a.m. top of cement behind 5-1/2" @ 1340' down from surface. W.O.C. 30 hrs.  
2-17-56 Tested 5-1/2" csg w/500 psi for 30 min. w/ao drop in pressure. Ran logs.  
2-18-56 Perforated 5-1/2" csg. 3536-54'; 3736-62'; 3775-99'; 3819-27' & 3842-53I with 2 jets per ft. (35 gram), set 2" tubing @ 3519'.  
2-20-56 Spotted 500 gal. acid out tubing, sandfraced w/10,000 gal crude & 10,000# sand. Fm. broke @ 3500 psi. max. press. 4000 psi. Inj. rate 15.9 BPM.  
2-24-56 Set tubing below bottom perforations. Spotted 500 gal acid on bottom. Sandfraced w/9000 gal. & 10,000# sand. Fm. broke @ 2650' to 2150'. Fraced @ 3000 psi, 18.7 BPM  
2-25-56 Recovering load oil.

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 C. M. Kreder  
Title \_\_\_\_\_  
Date \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Name H.P. Shackelford H.P. Shackelford  
Position Area Superintendent  
Company Tide Water Associated Oil Co.