

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 "AD" WELL NO. 1 UNIT A S 9 T 19-S R 37-E  
DATE WORK PERFORMED 2-20-56 thru 2-22-56 POOL Eumont Gas

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.

2-20-56 Spudded @ 6:00 p.m.

2-21-56 Drilled to T.D. of 495'. Ran, set, and cemented 8-5/8" casing @ 485.5  
W/300 sls neat cement. Plug down @ 8:30 a.m. Cement circulated.  
W.O.C. 24 hours.

2-22-56 Tested 8-5/8" casing W/1000 psi for 30 min. with no drop in pressure.

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

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

Name [Signature]  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Name H.P. Shackelford  
Position Area Superintendent  
Company Tide Water Associated Oil Co.