

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1104)
Amerada Petroleum Corporation - Drawer Commission Building, New Mexico

COMPANY _____
State "0" _____ (Address) _____ B 30 19S 37E
LEASE _____ WELL NO. 9/58 UNIT _____ Monument and Eumont R
DATE WORK PERFORMED _____ POOL _____

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

~~Pulled rods, pump and 1 1/2" OD tubing. Pulled 3 1/2" OD tubing and Baker packer. Ran 3 1/2" OD tubing with Baker cementer set at 3809'. Pumped 75 sacks of cement down 3 1/2" OD tubing & displaced cement to 3900', put 58 sx into formation, Max press. 2750#. Drilled cement from 3890' to 3935'. Swabbed oil zone. Sand-oil fraced open hole from 3860' to 3935' with 5,000 gals. Famariss refined oil and 5000# sand, Max. -2600#, Min-2400#. Average inj. rate - 5.2 BPM. Swabbed in oil zone & started flowing. Ran 3 1/2" OD tubing set at 3915' with Baker packer set at 3818' and PSI nipple set at 3817'. Swabbed in gas zone. Ran separation sleeve in PSI nipple at 3817' and continued flowing oil & gas zones.~~

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY
Original Well Data: 3646' 3975' 3935' 4-15-36
DF Elev. 3 1/2" 3131 TD 3915' PBD _____ Prod. Int. 6-5/8" Compl Date 3860'
Tbng. Dia _____ Tbng Depth 3260'-3380' & 3412'-3560' Oil String Dia _____ Oil String Depth _____
Perf Interval (s) 3860'-3975' Seven Rivers & Queens
Open Hole Interval _____ (Oil Producing Formation (s) _____)

RESULTS OF WORKOVER:

	BEFORE <u>7-9-38</u>	AFTER <u>10-2-38</u>
Date of Test	<u>3</u>	<u>165</u>
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	<u>30</u>	<u>trace</u>
Water Production, bbls. per day	_____	<u>541</u>
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day <u>C. A. Golson</u>	<u>Amerada</u>	_____
Witnessed by _____	_____	_____

(Company) _____

OIL CONSERVATION COMMISSION

Name [Signature] Title _____ Date _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Name [Signature] Position Asst. District Superintendent
Company Amerada Pet. Corp.