## NEW MEXICO OIL CONSERVATION COMMISSION MISCELLANEOUS REPORTS ON WELLS

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

|   | l Pase - Hobbs, N. M.<br>ress)   |  |
|---|--|--|
| LEASE Java Cooper WELL NO.  | An UNIT C S 3 T 20 R 37  |  |
| DATE WORK PERFORMED 6-20-57   | POQL conument  |  |
| This is a Report of: (Check appropriate b   | olock) Results of Test of Casing Shut-off  |  |
|   | The section Works  |  |
| Beginning Drilling Operations   | Remedial Work  |  |
| Plugging  | Other  |  |
| Detailed account of work done, nature and   | quantity of materials used and results obtained.   |  |
|   | REPORTS ONLY  Prod. Int. 24hrs Compl Date 6-20-57 il String Dia 7: Oil String Depth 36751                      |  |
| Perf Interval (s)   |  |  |
|   | ing Formation (s) 3904!- 3917!   |  |
|   |  |  |
| RESULTS OF WORKOVER:  **Bo not have all information **Pefore Workover purchased from E. B. Clark 6-15-57 and as Date of Test job at the time of purchase. | BEFORE* AFTER  over*, Well ssumed workover  6-19-57  |  |
| Oil Production, bbls. per day   | <u> </u>   |  |
| Gas Production, Mcf per day   | 65.8   |  |
| Water Production, bbls. per day   | 11   |  |
| Gas-Oil Ratio, cu. ft. per bbl.   | 1400   |  |
| Gas Well Potential, Mcf per day   |  |  |
| Witnessed by  |  |  |
| OIL CONSERVATION COMMISSION   | (Company)  I hereby certify that the information given above is true and complete to the best of my knowledge. |  |
| Name - / Color  | Name R. R. anderson  |  |
| Title   | Position Agent   |  |
| Date  | Company W. K. Byrom  |  |

Form C-103 (Revised 3-55)

## NEW MEXICO OIL CONSERVATION COMMISSION MISCELLANEOUS REPORTS ON WELLS (Submit to appropriate District Office as per Commission Rule 1106)

(Address)

COMPANY . . . . Clark

612 City National Bldg, Wichita Palis, Texas

| LEASE J. M. Googer Ratt WELL NO.  | 1 UNIT S 3 T   | 20 S R 37 L                           |  |
|---|--|---------------------------------------|--|
| DATE WORK PERFORMED 12/21/55  | POOL Monument  |                                       |  |
| This is a Report of: (Check appropriate b   | olock) Results of Test   | of Casing Shut-off                    |  |
|   | · • • • • • • • • • • • • • • • • • • •  |                                       |  |
| Beginning Drilling Operations   | Remedial Work  |                                       |  |
| Plugging  | Other  |                                       |  |
| Detailed account of work done, nature and   | l quantity of materials used a   | nd results obtained.                  |  |
| Well was fractured with 15,000 lbs  |  |                                       |  |
| Froduction was increased to 50 bbl. ratio report test indicates an increased portion to 60% as shown on Form C-1  FILL IN BELOW FOR REMEDIAL WORK Original Well Data:  DF Elev. 3000 TD 3873 PBD 3835 | rease in daily abbovable 115 filed this date.  REPORTS ONLY  Prod. Int Comp  | ol Date 4/30/42                       |  |
| Thing, Dia 2" Thing Depth 3835 O  | il String Dia 7" Oil Stri  | ng Depth 3675                         |  |
| Perf Interval (s) Not perforated  |  | ·                                     |  |
| Open Hole Interval 203 Produci  | ing Formation (s) San undre  | 5                                     |  |
| RESULTS OF WORKOVER:  | BEFORE   | AFTER                                 |  |
| Date of Test 12/24/55   |  |                                       |  |
| Oil Production, bbls. per day   | 1;   | 50                                    |  |
| Gas Production, Mcf per day   | ;×000  | <b>7</b> 556                          |  |
| Water Production, bbls. per day   |  |                                       |  |
| Gas Oil Ratio, cu. ft. per bbl.   | 22,000-1   | 7556-1                                |  |
| Gas Well Potential, Mcf peroday   | <del></del>  |                                       |  |
| Witnessed by Symmons  | Nolan and Lone B.H. M  | Molery =                              |  |
|   |  | olan and Ione B.H. Notes; = (Company) |  |
| OIL CONSERVATION COMMISSION  Name  Title  | I hereby certify that the information given above is true and complete to the best of my knowledge.  Name  Position  OWNET |                                       |  |
| Date  | Company F. B. Clerk  |                                       |  |