

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Cities Service Oil Company Box 97, Hobbs, New Mexico
(Address)

LEASE Laughlin WELL NO. 1 UNIT J S 5 T 20 R 37
DATE WORK PERFORMED 1-15-58 to 1-18-58 POOL Monument

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

Detailed account of work done, nature and quantity of materials used and results obtained.

Total depth 3861', PB total depth 3808'. Moved in rotary workover unit and pulled tubing. Ran Gamma Ray-Neutron logs. Ran 3" tubing with retrievable cementer set at 3722'. Tested casing and found no leaks. Broke formation with oil pumped in at 1 1/2 B/M at 1000#. Mixed 1100 gallon diesel oil, 5 gal. DOC #3 and 150 sacks cement. Squeezed into formation @ 4800#, overflushed with 37 barrels. Swabbed to clean-up. Cleaned out to 3808'. Ran tubing back to 3760' with packer at 3730'. Swabbed 5 1/2 hours. Recovered 45 BW and 4.51 oil. Pulled tubing with packer. Ran tubing and released workover unit. Ran rods and put the well to producing. Recovered all load and the well was tested with results as shown below.

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	<u>8-9-57</u>	<u>1-27-58</u>
Oil Production, bbls. per day	<u>11</u>	<u>21</u>
Gas Production, Mcf per day	<u>16</u>	<u>TSTM</u>
Water Production, bbls. per day	<u>162</u>	<u>158</u>
Gas-Oil Ratio, cu. ft. per bbl.	<u>1455</u>	<u>TSTM</u>
Gas Well Potential, Mcf per day	<u>-</u>	<u>-</u>
Witnessed by <u>W. M. Dickey</u>	Production Foreman _____ (Company)	

OIL CONSERVATION COMMISSION

Name _____
Title _____
Date _____

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

Name [Signature]
Position Dist. Supt.
Company Cities Service Oil Company