N MER OF COP	er Trotinen										
The second	STRIBUTION		·····								
					CO OIL C	ONSER	VATION	COMMISS	ION	FORM C-103	
							ODTE O		E D D	(Rev 3-55)	
THANSPORTER PHORATION OFF	MIJCELLARLOUS ALLORIS ON WELLS										
	<b>k</b>								99 'nr	· 04	
Name of Comp	any	TEXAC	0 Inc.		Addre P		x 728 -	Hobbs, 1	Vew Mer	xico	
Lease Well No.					Unit Letter	Section	Township		Rang	;¢	
L. F. Ke Date Work Per	Pool Veir	10 Blinebry	F	· 13	20- County	->		37 <b>-</b> E			
June 15,	Tubb	/	Lea								
THIS IS A REPORT OF: (Check appropriate block)											
🔄 Beginnio	ing Test and	l Cement Jo	ь (	Other (l	Explain):						
Plugging Remedial Work											
Detailed account of work done, nature and quantity of materials used, and results obtained.											
Total Depth - 1419											
Spudded 11" Hole 6:00 A. M. June 12, 1964											
Ran 1410' of 8 5/8" O. D. Casing, 24.00 LB, J-55, NEW, and cemented at 1419' with 350 Sx. Class "C" 8% gel, plus 250 Sx. Class "C" neat,											
with 2% CACL. Plug at 1395'. Cement Circulated. Job complete											
8:15 A. M. June 14, 1964.											
Tested 8 5/8" O. D. Casing for 30 minutes with 1000 P. S. I. from											
			4. to 9:30 A							··-	
cement plug and re-tested for 30 minutes with 1000 P. S. I. from 11:00 A. M. to 11:30 A. M. June 15, 1964. Tested O. K. Job											
	11:	00 A.	M. to 11:30	A. M. Ju	une $15, 1$	1964.	Tested (	)•K•Jo	op ,	١	
	COM	ртеге	11:30 A. M.	June 15	, 1904.						
Witnessed by C. F. Jackson Production						Foreman TEXACO Inc.					
			FILL IN BEL	OW FOR R	EMEDIAL	WORK RE	EPORTS O	NLY			
N. P. 131		100 0			NAL WELL	DATA			,	Lat. Da	
D F Elev. T D			PBTD	PBTD ,		Producing	, Interval	val Completion Date			
Tubing Diame	19	ľ	Tubing Depth		Oil Str	ing Diame	ter	Oil S	tring Dep	th	
				····				L			
Perforated Int	erval(s)										
Open Hole Interval Produc							tion(s)				
			······································			KOVER					
					S OF WOR	T			~~~~~~		
Test	Date of Test		Oil Production BPD		roduction FPD		Production PD	,GO Cubic fee		Gas Well Potential MCFPD	
Before Workover				•	·			F			
After Workover											
			L <u></u>	I	Ihe	eby certif	y that the ir	formation e	iven abov	e is true and complete	
	Ì		I hereby certify that the information given above is true and complete to the best of my knowledge.								
Approved by						Name 11 7 7					
approved by						WE. Morgan					
Title. C						Position W. E. Morgan					
Date						Assistant to the District Superintendent					
Date						TEXA CO Inc.					