

## NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

## MISCELLANEOUS REPORTS ON WELLS

Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, and other important operations, even though the work was witnessed by an agent of the Commission. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Report by Checking Below

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other) <b>Sandfree Treatment</b>	<b>X</b>

**February 15, 1954**

(Date)

**Hobbs, New Mexico**

(Place)

Following is a report on the work done and the results obtained under the heading noted above at the

**Drilling & Exploration Company, Inc.**

(Company or Operator)

**State Modern**

(Lease)

**Dowell, Inc.**

(Contractor)

Well No. **3** in the **NW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$  of Sec. **12**T. **21S**, R. **35E**, NMPM., **Manice** Pool, **Lea** County.The Dates of this work were as follows: **February 8, 1954**Notice of intention to do the work (was) ~~(REMOVED)~~ submitted on Form C-102 on **February 5**, 19 **54**

(Cross out incorrect words)

and approval of the proposed plan (was) ~~(REMOVED)~~ obtained.

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Subject well was treated from 3710 to 3893 with 6,000 gallons oil and 6,000 pounds sand with packer set at 3660. Maximum pressure 4200#.

Before treatment well flowed approximately 8 bbls oil, no water, per day thru 2 1/2-inch choke. After treatment well flowed 110 bbls oil, no water, in 24 hours thru 3/16-inch choke with GOR 3978.

5 1/2-inch casing set at 3710

Total Depth: 3893

Witnessed by **D. C. Webb** **Drilling & Exploration Co., Inc.** **Division Prod. Supt.**

(Name)

(Company)

(Title)

Approved:

OIL CONSERVATION COMMISSION

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

Name **T. Webb**Position **Division Production Superintendent**Representing **Drilling & Exploration Co., Inc.**Address **Box 2075, Hobbs, New Mexico**

(Title)

(Date)