

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

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

1957 OCT 24 AM 10:06

COMPANY Sinclair Oil & Gas Company, 520 East Broadway, Hobbs, New Mexico
(Address)

LEASE Ernest G. Adkins WELL NO. 10 UNIT N S 9 T 21 R 36

DATE WORK PERFORMED As Shown POOL Eunice Monument

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off

☐ Beginning Drilling Operations

☐ Remedial Work

☐ Plugging

☒ Other Completion Report

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

- 10-10-57: Set 5½" CD casing at 3900' with 100 sacks cement on bottom and 100 sacks cement thru 2-stage tool. Top of cement behind 5½" casing 890' from surface.
10-12-57: Tested 5½" casing with 1200# pressure for 30 min. No decrease in pressure.
10-13-57: Perforations on 5½" casing f/3838-3844 and 3853-3870' with 92 ½" jet shots.
10-15-57: Sand-oil free perforations with 20,000 gal and 20,000# sand. 1st stage 10,000 gal. and 10,000# sand. Max. press. 2800#. Min. press. 1300#. Inj. rate 23.3 BPM. Injected 70 rubber balls. 2nd stage 10,000 gal and 10,000# sand. Max. press. 3400#. Min. press. 2200#. Inj. rate 23.3 BPM.
10-23-57: 3894-PB. Quosen. Stabbed 80 bbl. of 35 gravity new oil and 40 bbl. formation water in 12 hours. Casing press. 300#. GOR-1234. Placed on production schedule 10-21-57 at top allowable of 37 bbl. oil per calendar day.

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

Oil Production, bbls. per day

Gas Production, Mcf per day

Water Production, bbls. per day

Gas-Oil Ratio, cu. ft. per bbl.

Gas Well Potential, Mcf per day

Witnessed by _____

(Company)

OIL CONSERVATION COMMISSION

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

Name _____

Name Bob Satter

Title _____

Position District Supt.

Date _____

Company Sinclair Oil & Gas Company

Orig. & 2cc:CCC

cc:FHR,HFD,File