

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

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

Name of Company Penrose Production Company				Address Box 988, Eunice, New Mexico			
Lease Warlick	Well No. 1	Unit Letter A	Section 19	Township 21 S	Range 37 E		
Date Work Performed 2-3-65	Pool Blinebry			County Lea			

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☐ Other (Explain):
- ☐ Plugging
 ☒ Remedial Work

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

2-3-65

Perforate lower Blinebry 5850- 5932.5 - W 6 3/8" shots. Acidize upper perforations W/500 gallons, lower perf. W/1000 gal. 15% DS-30 acid 1/4 of 1% magna Z-14. Frac lower zone W/23000 gal. brine & 41000# 20-40 sand. Frac upper zone W/34000 gal brine 63,320# 20-40 sand. Set packer at 5570' W/200' tub. below packer. Swab each zone in.

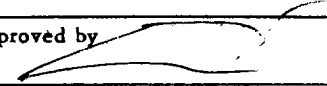
See Form 104 for details on Penrose-Shelly Zone.

Witnessed by A. L. Tankersley	Position Superintendent	Company Penrose Production Company
---	-----------------------------------	--

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Blinebry zone				ORIGINAL WELL DATA	
D F Elev. 3511	T D 6692	P B T D 6100	Producing Interval	Completion Date 1950	
Tubing Diameter 2 1/16	Tubing Depth 5770'	Oil String Diameter 5 1/2	Oil String Depth 6535		
Perforated Interval(s) 5585-5603-5630-5635-5637, 3 shots per foot (upper) 5850, 5872.5, 5897.5, 5911.5, 5924, 5932.5, 1 shot each (Lower)					
Open Hole Interval			Producing Formation(s)		

Blinebry zone							RESULTS OF WORKOVER	
Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD		
Before Workover	1-28-65	8	114	0	14250-1			
After Workover	3-2-65	24	122	3	5083-1			

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 	Name R. E. Crowell		
Title	Position Office Manager		
Date	Company Penrose Production Company		