

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 11706) 11

DISTRICT OFFICE CCC
11706 11
PM 2:46COMPANY Cities Service Oil Company Box 97, Hobbs, New Mexico

(Address)

LEASE Brunson "B" WELL NO. 3 UNIT M S 3 T 22-S R 37-E
DATE WORK PERFORMED 8-23-56 to 10-19-56 POOL Tubb

This is a Report of: (Check appropriate block)

☐ Beginning Drilling Operations☐ Plugging☐ Results of Test of Casing Shut-off☐ Remedial Work☒ Other Recompletion

Detailed account of work done, nature and quantity of materials used and results obtained. This well has been dually completed. A gamma ray-neutron log was run. Set Baker Model "D" Production Packer at 6482'. Perforated Tubb gas zone 6176-6136, 6114-6094, 6090-6074, 6068-6060, 6030-6013, 5994-5984, 5958-5888 - total footage 178' with 2 jet shots per foot. Acidized Tubb gas zone with 10,000 gallon. Swabbed and flowed to clean up and tested both zones. Fraced Tubb zone with 15,000 gallon jac-frac and 15,000 pounds sand. Swabbed and flowed to clean up. The Tubb zone was tested. Flowed 184.4 MCF gas w/16.7 barrels oil cut .2% BS and water in 24 hours. Choke 16/64, FCP 100#, GOR 11,041. The Tubb zone is produced through the annulus and the Drinkard zone through the tubing. Satisfactory packer leakage test was made prior to making above test.

The C-103 which was originally submitted was in error as to the gravity of the fluid due to the well producing load oil. As soon as all of the load oil has been produced a new gravity and GOR will be submitted. We would appreciate having this well returned to a non-marginal status and an allowable re-assigned.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
 Tbnng. Dia _____ Tbnng 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 _____
 Title _____
 Date _____

Name _____
 Position District Superintendent
 Company Cities Service Oil Company