

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-113
Supersedes Old
O-102 and O-103
Effective 1-1-65

NAME OF OPERATOR
ADDRESS
CITY
STATE
ZIP
DATE OF REPORT

10. Indicate Type of Lease
Date ☐ Lease ☐
11. Lease Oil & Gas Lease No.

12. Indicate Type of Well (Check appropriate box)
a. ☐ Oil b. ☐ Gas c. ☐ Both d. ☐ Other (Specify) ☐ Dual
13. Name of Lessee (Company)
14. Location of Well
15. Elevation (Show whether DE, RT, GR, etc.)
16. County
17. Check appropriate box to indicate nature of notice, report or other data
18. Location of well, and of completed operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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DUAL COMPLETION: H. Corrigan #4 - Drinkard Pool
H. Corrigan Tubb Gas Com. #4 - Tubb Gas Pool

Pulled production equipment. Ran GR-N log from 5000' to 6500'. Set CIBP at 6500' with 2 in. cement on top. T. Cement at 6486'. Perforated 5-1/2" casing in DRINKARD zone with 2 shots at: 6357', 6359', 6373', 6381', 6384', 6391', 6401', 6402', 6415', 6419', 6421', 6423', 6431', 6435', 6437', 6445', 6447', 6451', 6453', 6458'. Total 40 holes. Perforated 5-1/2" casing in TUBB zone with 2 shots at 6028', 6035', 6037', 6057', 6067', 6079', 6088', 6093'. Total 16 holes. DRINKARD ZONE: Acidized perms. 6357' to 6458' with 2800 gals. 15% NE LST acid. Fraced with 30,000 gals. Yfi. 56, 42,000# 20-40 sand, 250# Benzoic flakes & 250# Rock salt. TUBB ZONE: Acidized perms. 6028' to 6093' with 3210 gals. 20% retarded acid w/ball sealers. Set Baker Model "D" packer at 6320'. Ran tubing w/sliding sleeve set in Packer at 6320'. Swab tested Tubb zone - Non Productive. TEMPORARILY ABANDONED TUBB GAS ZONE. Swab tested Drinkard zone. 21 Hrs. Flowed L BO & 9 BLW on 26/64" choke. TP 590#. Gas Vol. 1648 MCFPD GOR 412,000 Reclassified as gas well in oil reservoir.

I, Thereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed [Signature] TITLE Supver., Admin. Services DATE 1-25-75

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: