

HOBBS OFFICE
Form OHC 103
(Revised 3-55)
1959 FEB 2 AM 7:51

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY R.M. MORAN Box 1718 Hobbs, New Mexico
(Address)

LEASE State "36" WELL NO. 1 UNIT K S 36 T 22S R 37E
DATE WORK PERFORMED 1-9-59 POOL Drinkard

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

☐ Beginning Drilling Operations

☐ Remedial Work

☐ Plugging

☐ Other _____

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

TD 6005'

Ran 182 jts. 7", 23# J-55 and 150' 23# N-80

Cemented w/175 sacks 2% gel and 75 sacks of neat.

Plug down @ 12:30 AM

Pressured up to 1000# 1-10-59 - OK - drilling @ 10:10 AM

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

Name [Signature]
Title _____
Date _____

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

Name R. M. Moran
Position R.M. Moran - Agent
Company _____

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator R.M.MORAN Lease STATE "36"
Well No. 1 Unit Letter K S 36 T 22S R 37E Pool BLINEBRY
County LEA Kind of Lease (State, Fed. or Patented) STATE
If well produces oil or condensate, give location of tanks: Unit K S 36 T 22S R 37E
Authorized Transporter of Oil or Condensate Texas New Mexico Pipe Line Co.
(Cities Service)

Address MIDLAND, TEXAS
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas No connection
Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:
New well - Skelly System is approx. 990' East of location. Gas
will be flared until arrangements can be made with Skelly.

Reasons for Filing: (Please check proper box) New Well (X)
Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()
Change in Ownership () Other ()
Remarks: _____
(Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 2 day of February 1959

By R.M. Moran

Approved _____ 19____

Title R.M. Moran - Operator

OIL CONSERVATION COMMISSION

By [Signature]

Company R.M. Moran

Address Box 1718, Hobbs, N.M.

Title _____

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico **1-2-59**

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

R.M. Moran

(Company or Operator)

Well No. **1**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

K, Sec. **36**, T. **22S**, R. **37E**, NMPM., **Blinebry** Pool

Unit Letter

Lea

County. Date Spudded **12-18-58**

Date Drilling Completed **2-1-59**

Elevation **3113 BP** Total Depth **6183** FBTD **5910**

Top Oil/Gas Pay **5562** Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL -

Perforations **5562-82**

Open Hole Depth **6005** Casing Shoe **5536** Depth **5536** Tubing

OIL WELL TEST -

Natural Prod. Test: **48** bbls. oil, **0** bbls water in **24** hrs, min. Size **18/64** Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **48** bbls. oil, **0** bbls water in **24** hrs, min. Size **18/64** Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

10,000 gals. - 30,000# 1000 gals. x w/24

Casing **700** Tubing **600** Date first new **2-1-59**

Press. **700** Press. **600** oil run to tanks

Oil Transporter **Texas New Mexico Pipe Line Co. (Cities Service)**

Gas Transporter

Remarks: **498 bbls. of oil for break, Frac and flush. 212 bbls. to load tbg. and cas.**

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

Approved: 19.....

(Company or Operator)

By: **R.M. Moran**
(Signature)

OIL CONSERVATION COMMISSION

By: **[Signature]**

Title: **R.M. Moran - Operator**
Send Communications regarding well to:

Title

Name **R.M. Moran**

Address **Box 1718, Hobbs, New Mexico**

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