

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Tennessee Gas Transmission Company, Box 307, Hobbs, New Mexico  
(Address)

LEASE State - Monsanto WELL NO. 2 UNIT P S 16 T 25-S R 32-E  
DATE WORK PERFORMED 11-7-60 POOL Undesignated

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.

Set & cmtd 5 $\frac{1}{2}$ " 14#, J-55, snls. 8 rd, ST&C csg. @ 4767 w/150 sx. Press test to 1500 psi/30 min. after WOC 20 hrs. Press held okay.

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 11-11-60

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Name A. W. Lang  
Position District Production Superintendent  
Company Tennessee Gas Transmission Company