

**DUPLICATE**

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

HOBBS OFFICE OCC  
1956 APR 10 AM 10:32

COMPANY Tres Oil Company  
(Address)

LEASE Koonce WELL NO. 1 UNIT H S 14 T 25S R 36E  
DATE WORK PERFORMED 1-9-56 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.

TD 1160 on January 7. Set 8 5/8" casing on bottom and cemented with 600 sacks. Circulated 75 sacks to surface. WOC 48 hours. Installed blowout preventors, drilled plug and tested casing with 1,000 # for 20 minutes. No pressure decline. Water shut off 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 \_\_\_\_\_

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

Name [Signature]  
Position Agent  
Company Tres Oil Company