

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Tres Oil Company

(Address)

LEASE Koonce WELL NO. 1 UNIT H S 14 T 25S R 36E

DATE WORK PERFORMED 1-29-56 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 3277 on January 27. Set 5½" casing on bottom and cemented with 100 sacks. Ran temperature survey in 8 hours and found top of cement. WOC 48 hours. Installed blowout preventers and tested casing with 1,000# for 20 minutes. No decline in pressure. WSO 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

Title

Date

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

Name

Position

Company

Agent

Tres Oil Company