

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Three States Natural Gas Company
(Address)LEASE Humphrey A WELL NO. 2 UNIT C S 3 T 25S R 37EDATE WORK PERFORMED 10/9/58 POOL Langlie Mattix

This is a Report of: (Check appropriate block)

☐ Results of Test of Casing Shut-off

☐ Beginning Drilling Operations ☐ Remedial Work

☐ Plugging ☒ Other Results of River Frac

Detailed account of work done, nature and quantity of materials used and results obtained. 9/30/58 - Pulled rods and tubing. Removed master gate. 10/1/58 to 10/8/58 - Cleaned out heavy mud and lime cavins from 3457' to 3474'. 10/9/58 River fraced with 70,000 gallons of water and 70,000 lbs. of sand W/52 gallons of W-24 Chemical at .5 gallons per 1000 gallons of water. Fill and breakdown 255 bbls. Treating fluid 1680 bbls., Flush 665 bbls., Total water used 2500 bbls. Breakdown pressure 1500 lbs. to 1300 lbs. Maximum Treating pressure 1600 lbs. Minimum treating pressure 1100 lbs. Shut in pressure 1150 lbs. 10 minutes shut in pressure 500 lbs. On vacuum 21 minutes. Gs returning - 3 hrs. pumping rate treating 40 B.P.M. Pumping rate Flush 44.5 B.P.M. Checked hole for fill up after frac job. 60' of sand in hole. Ran 3351.81' of 2 1/2" EUE 10 Thd. tubing including reg. mud anchor and seating nipple. Perforations at 3325'. Ran 132 - 3/4 X 25 Sucker Rods, 1- 3/4 X 10' ; 3 - 3/4 X 4' pony rods, W/ 2 1/2 X 1 1/2 X 12' 2" Axelson S.S. Insert pump. Well pumped up in 4 hrs.

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	<u>3/12/58</u>	<u>10/14/58</u>
Oil Production, bbls. per day	<u>1.38</u>	<u>21.80</u>
Gas Production, Mcf per day	<u>4.2</u>	<u>45.7</u>
Water Production, bbls. per day	<u>0</u>	<u>20.67</u>
Gas-Oil Ratio, cu. ft. per bbl.	<u>3.085</u>	<u>1.844</u>
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 Division Superintendent

Company Three States Natural Gas Co.