

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Western Natural Gas Company 823 Midland Tower, Midland, Texas
(Address)

LEASE Wimberley WELL NO. 4 UNIT 8 S 24 T 258 R 37E

DATE WORK PERFORMED _____ POOL Justis- Fusselman Drinkard

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other Oil-oil dual completion

Detailed account of _____

Perforated 7" casing off of Western Company correlation log: 6834-6950' (Fusselman Zone) and 5884-5914' (Drinkard Zone) w/four jet shots per foot with 9.94/gal mud in casing. Set Baker Oil Tools Model "D" production packer off of Western's wireline at 6805-10'. Ran primary string of 2" EUE tubing with Baker tubing seal assembly appropriately spaced. Spotted down the primary string 20 bbls water and 50 bbls oil - latched into packer w/seal assembly on string of tubing. Ran secondary string of 2" EUE tubing and suspended same at 5948'. Sealed off and nipped up dual Xmas tree. Acidized Fusselman zone w/tbg at 6948' as follows: Broke down formation with load oil in tubing string at 1900 psi pumped in 30 bbls oil then 24 bbls 15% regular acid - acid into formation at 300 psi treated @ 200-400 psi. Avj. inj. rate was 1 BPM flushed acid w/30 bbls oil. Casing pressure was zero. Swabbed well into pits. Reversed out mud w/water around the secondary string of 2" tubing opposite the Drinkard zone (above Model "D" packer). Reversed out water w/oil. Acidized Drinkard zone (5884-5914) as follows with 6' perf sub at 5948': Circulated 24 bbls 15% regular acid to spot (opposite casing perforations) broke formation at 1800 psi treated at 900 psi - 1 BPM. 15 min shut-in pressure on tubing was 630 psi - well kicked off and flowing at 6:30 AM 3-11-58

_____ (#)

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 Office Manager
Company Western Natural Gas Company