NUMBER OF CO	PIES RECEIVED				in in-		. <u></u>	· · · · · · · · · · · · · · · · · · ·	
SANTA FE		······	NEW MEYH			VATION	COMMASSION	EOD4 C 103	
LAND OFFICE	U.S.G.S. LAND OFFICE								
TRANSPORTER	OIL GAS		MISCEL	LANEOU	IS REP	PORTS O	N WELLS	A. 191 to .	
PRORATION OF OPERATOR	FICE		(Submit to approp			as per Con	mission Rule 1	00, 11 16 4	
Name of Com	Skellj	r Oll Compan	y .	Åddre	Box	730 - H	obbe, Ksw Me	xico	
Lease West Dol	larhide Q	een Sand Un	Well No.	Unit Letter	Section	Township		ange 36-E	
Date Work Pe		Pool Dol	larhide Queen	I		County	Lea		
John & S	171 0₆ 199		THIS IS A REPORT		approprie	ate block)			
Beginning Drilling Operations Casing Test and Cement Job						Other (Explain):			
Plugging Remedial Work					Convert Wall to Water Injection				
Detailed acco	ount of work do	ne, nature and qu	antity of materials	used, and re:	sults obta	uined.	· · · · · · · · · · · · · · · · · · ·		
Moved	in and rig	ged up rull	ing unit. Pu	lled rod	s and '	tubing.	Ran 2" tubs	ng and set	
necker	at 3	6401	. Mate	r inject	ion en	ntrment	dill be inst	alled and	
				•		and fragments and a			
Woll u	dll be a b	ator Inject	ion Well for	the Nest	Dolla	rtide Qu	son Sand Uni	to Water	
will b	e intected	into the Q	usen Formatic	n throug	1	the	enes bole s	ent fen	
					A DE MENSELS IN				
367	5-3715!								
Starte	d Injectio	g unter at 2	12:00 Noon 70	bruary 6	, 1964	•			
Witnessed by	Witnessed by Mr. R. L. Calhoon P			osition Arsa Foreman		Company Skelly Oil Company			
	···· ·································	FILLI	N BELOW FOR R	EMEDIAL				·····	
D F Elev.	<u> </u>	T D	······································	NAL WELL	DATA	Destation	T 1		
DF Elev.	DF Elev.		PBID	PBTD		Producing Interval		Completion Date	
Tubing Diame	ter	Tubing Dep	pth	Oil Stri	ing Diame	eter	Oil String l	Depth	
Perforated In	erval(s)								
Open Hole Interval					Producing Formation(s)				
		· · · · · · · · · · · · ·	RESULT	S OF WOR	KOVER				
Test	Date of Oil Production Test BPD			roduction CFPD		Production PD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD	
Before Workover					<u> </u>				
After	blad an 1	injection No	.93						
Workover	Frat Utif I' .		\$~d=		<u> </u>				
					I hereby certify that the information given above is true and complete to the best of my knowledge.				
Approved by					Name (ORIGINAL) II E A.I.				
Entre					(ORIGINAL) H. E. Anb				
Fitle					ion				
Date				Posit	D1	st. Supt	p		