

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev. 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1706)

Name of Company	Shell Oil Company	Address	801 ... .., New Mexico
-----------------	-------------------	---------	------------------------

Lease	Well No.	Unit Letter	Section	Township	Range
West Dollarhide Queen Sand Unit	25	"A"	31	24-S	34-E

Date Work Performed	Pool	County
Feb. 4 & 5, 1964	Dollarhide Queen	Los

THIS IS A REPORT OF: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input type="checkbox"/> Casing Test and Cement Job	<input type="checkbox"/> Other (Explain):
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work	Convert Well to Water Injection

Detailed account of work done, nature and quantity of materials used, and results obtained.

Moved in and rigged up pulling unit. Pulled rods and ... .. Ran 2" tubing and ... .. packer at 3591'. Water Injection equipment will be installed and well will be a Water Injection well for the West Dollarhide Queen Sand Unit. Water will be injected into the lower formation through the open hole section 3655-3758'.

**ILLEGIBLE**

Witnessed by	Position	Company
Mr. R. L. Calhoun	Area Foreman	Shell Oil Company

### FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

#### ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
-----------	-----	---------	--------------------	-----------------

Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth
-----------------	--------------	---------------------	------------------

Perforated Interval(s)
------------------------

Open Hole Interval	Producing Formation(s)
--------------------	------------------------

#### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover	Water Injection well					

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

Approved by	Name
	(ORIGINAL SIGNED) H. E. Ash
Title	Position
Date	Company