		•								
NUMBER OF COR	IES ECEIVED					_				
SANTA M										
NEW MEXICO OIL CONSERVATION COMMISSION FORM C-103 (Rev 3-55)										
TRANSPORTER OIL MISCELLANEOUS REPORTS ON WELLS										
PROBATION OFFICE   (Submit to appropriate District Office as per Cummission Rule 1106)										
OPERATOR		(Subm	it to appropri	ate Distric	t Office	as per Con	nmission Rule	1106)		
Name of Comp	oany			Acdre	ss Tri	•				
Elwyn C. Hale					Box 557 Hobbs, New Jexico  Letter Section Township Range					
Hale State Well No.				Unit Letter	Section 2	Township	2 <b>5</b> S	Range	<u>+</u>	
Date Work Performed Pool						County	49 0	37	<u>.H:</u>	
August	8, 1962		Justis				Lea			
THIS IS A REPORT OF: (Check appropriate block)										
Beginning Drilling Operations										
Plugging Remedial Work										
		nature and quantity			ults obtai	ned.	<del></del>	· · · · · · · · · · · · · · · · · · ·		
Sp <b>u</b> d	well - 9	P.M Augu	ist 7, 19	962						
Sat	15 404n+a	of 76" om	6-11		_					
Set 15 joints of 16" 0.D. 65# seculose casing 493.7 feet, setting depth 507.43 feet from derrick floor- comented 16" 0.D. casing with 560 secks										
or board dimix coment and 100 secks on bottom 4% Jal cament Coment										
circulated. Plug down 11 P.AAugust 8, 1962.										
Test 16" 0 D casing with 500# sam zo										
Test 16" 0.D. casing with 500# for 30 minutes before and after drilling the cement. Both tests held perfectly.										
ait on cement 24 hours.										
W:			D::							
Witnessed by  D. A. Ferry				Forena	Company  Coctus Drilling Journ					
		FILL IN BEI	OW FOR RE					<del></del>	-10.	
			ORIGIN	AL WELL (	ATA					
D F Elev. T D PBTD			PBTD		Producing Interval Completion			Date		
Tubing Diameter Tubing Depth				Oil Stri	ng Diamet	er	Oil String Depth		-	
rubing Diame	.e.	Tubing Beptin		On Stir	ng Diamet	CI	On String	g Depth		
Perforated Int	erval(s)						<del>-</del>		:	
Open Hole Interval					Producing Formation(s)					
			RESULTS	OF WOR	OVER					
т.			oduction	Water Pr	roduction	GOR	Gas We	ll Potential		
Test	Test	BPD	MCI	FPD	В	P D	Cubic teet/B	ы мс	FPD	
Before Workover										
After									+	
Workover	·									
_	I here	I hereby certify that the information given above is true and complete to the best of my knowledge.								
	UIL CONSER'	VATION COMMISSION	<b>N</b>				 			
Approved by	/			Name		(7)	H 2 1	,		
					Private 1, Halrie					
Title					Superintendent					
Date					iny	Slwvn	C. Hale			
				i					1	