## NEW MEXICO OIL CONSERVATION COMMISSION MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule #106) 41

(Add	dress)	, Texas	
LEASE Red Hills Unit WELL NO.	י זווויי	0 S <b>32</b>	T 25-S R 33-E
DATE WORK PERFORMED 3- 8-63	<del></del>	Undesignat	
	POOL_	Ourasiding	/ <b>6</b> Q
This is a Report of: (Check appropriate	block)	Results of T	est of Casing Shut-o
	احقانسا	•	
Beginning Drilling Operations		Remedial W	ork
Plugging		Other	·
Detailed account of work done, nature and Drilled 1,312'-6,655'. Ran 183 joints, 6, J-55 and S-80 Comdition new casing w/However collar at 6,088', 3 sets Howco Centralizer Homco baskets below tool and one Howco Centralizer Comented w/350 sacks Trinity litewate and first 200 sacks Trinity litewate. Pumped tool, circulated excess cement out above D while WOC. SECOND STAGE: Cemented throug litewate w/6/10 of 1% CFR-2 in first 200 tool w/2,100%, released pressure, tool hold good cement return to surface. WOC 24 hours of the composition of the	of 13-3/8 of 13-3/8 of float guide ses on bottom 3 otralizer above 300 sacks trin plug to float by tool. 8 hours how tool at 5 sacks, pumped ding OK. Job rs (Shut down,	" OD 73#, 68# hoe set at 6, joints, DV to and one belo ity regular w at 6,088', dr rs circulatin ,365' w/5,560 closing plug complete 4:00 changing rig	f, and 61# 8RT N-80, 155', Howco float tool set at 5,365' w/3 w tool. FIRST STAGE / 1/10 of 1% CFR-2 in copped bomb, opened D' tool tool sacks Trinity to 6,155', closed DV D.M. 3-31-63. Had
DF Elev. TD PBD	Prod. Int.	· · · · · · · · · · · · · · · · · · ·	ompl Date
Tbng. Dia Tbng Depth C Perf Interval (s)	Oil String Dia	Oil i	String Depth
	ing Formation	(e)	
Troduc	ing r or matron	(5)	
RESULTS OF WORKOVER:	,	BEFORE	AFTER
Date of Test			
Oil Production, bbls. per day		<del></del>	The second secon
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			
			ompany)
OIL CONSERVATION COMMISSION Name	I hereby certify that the information given above is true and complete to the best of my knowledge.  Name		
Title	Position District Office Manager		
Date	Company my new ora		