

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Three States Natural Gas Company - Box 168 Jal, New Mexico  
(Address)

LEASE Humble Knight WELL NO. 1 UNIT M S 14 T 248 R 37E

DATE WORK PERFORMED \_\_\_\_\_ POOL Langlie Mattix

This is a Report of: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input type="checkbox"/> Results of Test of Casing Shut-off
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work
	<input checked="" type="checkbox"/> Other <u>S.I.</u>

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

Started 5/29/43, Completed 9/10/43, T.D. 3511'. Casing in well - 15 1/2" casing 123' - 50 sks. by Halliburton. 8" casing 1365' - 100 sks. 7" OD Casing 3361' - 125 sks. 3304' 2" EUE tubing. Top of producing formation 3390'. Bottom of producing formation 3456'. 9/3/43 - Shot with 110 qts Nitro from 3435' to 3465'. 12/28/48 - shot with 300 qts. from 3380' to 3460'. This well has been shut in for some time on account of not enough gas to flow well. Undecided as to type of work over to be done on this well.

THE COMMISSION MUST BE NOTIFIED  
EVERY 3 MONTHS ON FORM C-103  
AS TO THE WELL STATUS AND WORK  
FUTURE PLANS FOR THE WELL

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. \_\_\_\_\_ TD \_\_\_\_\_ PBD \_\_\_\_\_ Prod. Int. \_\_\_\_\_ Compl Date \_\_\_\_\_  
Tbng. Dia \_\_\_\_\_ Tbng Depth \_\_\_\_\_ Oil String Dia \_\_\_\_\_ Oil String Depth \_\_\_\_\_  
Perf Interval (s) \_\_\_\_\_  
Open Hole Interval \_\_\_\_\_ Producing Formation (s) \_\_\_\_\_

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

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

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Name W. J. Fink  
Position Division Superintendent  
Company Three States Natural Gas Company