

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 JAE Knight WELL NO. 5 UNIT L S 14 T 24S R 37E
DATE WORK PERFORMED 6-17-58 POOL Langlie MattixThis is a Report of: (Check appropriate block) ☐ Results of Test of Casing Shut-off
☐ Beginning Drilling Operations ☐ Remedial Work
☐ Plugging ☒ Other Results of River Frac

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

Cleaned out to 3450'. River Fraced with 70,000 gallons of water and 70,000 lbs. of sand.
Total fluid 2,500 bbls. of water. Maximum pressure 1300 P.S.I. Minimum pressure
1050 P.S.I. Treating rate 47.5 bbls. per min. Flush 50 bbls. per min. 2 1/2" tubing
3387' perforations at 3360'.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. 3232 TD 3514 PBD _____ Prod. Int. 3411' - 79' Compl Date 11-29-43
Tbng. Dia 2 1/2" Tbng Depth 3387' 8" Oil String Dia 7" OD Oil String Depth 3358'
Perf Interval (s) none
Open Hole Interval 3358' to 3514' Producing Formation (s) Queen

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	<u>4-10-58</u>	<u>7-22-58</u>
Oil Production, bbls. per day	<u>5.56</u>	<u>33.00</u>
Gas Production, Mcf per day	<u>64.11</u>	<u>98.7</u>
Water Production, bbls. per day	<u>0.</u>	<u>8.00</u>
Gas-Oil Ratio, cu. ft. per bbl.	<u>11,531</u>	<u>2,991</u>
Gas Well Potential, Mcf per day		
Witnessed by _____		

(Company)

OIL CONSERVATION COMMISSION

Name Sanitary Smith
Title _____
Date _____I hereby certify that the information given
above is true and complete to the best of
my knowledge.Name Wm J. Fink
Position Division Superintendent
Company Three States Natural Gas Company