

WELL NAME AND NO.



LL DIVISION OF DOW CHEMICALS
A UNIT OF THE DOW CHEMICAL COMPANY

TREATMENT NUMBER		DATE
5210		05-31-91
STAGE	DOWELL DISTRICT	

RECEIVED

WELL NAME AND NO.

Amaco #1-11		Dw/Se Steel TH	
FIELD-POOL		FORMATION	
UNDCAT			
COUNTY/PARISH		STATE	API NO
CALO		MISSISSIPPI	

NAME Walter J. Bost Jr. (b. 1944)
AND 735 S. 1st Ave. P.O. Box 17-93 TA
ADDRESS Albuquerque, New Mexico
ZIP CODE 87101

SPECIAL INSTRUCTIONS

PRESSURE LIMIT		PSI	BUMP PLUG TO	
ROTATE	RPM	RECIPROCATATE	FT	NO. OF CENTRALIZER

PRESSURE LIMIT		PSI	BUMP PLUG TO		PS
ROTATE	RPM	RECIPROCATATE	FT	NO. OF CENTRALIZERS	

TIME	PRESSURE	VOLUME PUMPED, BBL	JOB SCHEDULED FOR TIME 1500 DATE 5-31
------	----------	-----------------------	--

[illegible]

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS	SLURRY MIXED	
				BBLs	DENSITY
1.	30	1.15	CLASS G CEMENT	1.1	15.8
2.	10	1.15	CLASS G CEMENT	2	15.8
3.					
4.					
5.					
6.					

BREAKDOWN FLUID: TYPE		VOLUME		DENSITY		PRESSURE		MAX: <u>0</u>		MIN: <u>0</u>	
<input type="checkbox"/> HESITATION SQ		<input type="checkbox"/> RUNNING SQ		CIRCULATION LOST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CEMENT CIRCULATED TO SURF		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
BREAKDOWN		PSI	FINAL	PSI	DISPLACEMENT VOL	Bbls		TYPE OF WELL		<input checked="" type="checkbox"/> OIL <input type="checkbox"/> STORAGE <input type="checkbox"/> BRINE WATER	
WASHED THRU PERFS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TO	FT	MEASURED DISPLACEMENT	<input checked="" type="checkbox"/> <input type="checkbox"/> WIRELINE		<input checked="" type="checkbox"/> GAS <input type="checkbox"/> INJECTION		<input checked="" type="checkbox"/> WILDCAT	
PERFORATIONS				CUSTOMER REPRESENTATIVE				DOWELL SUPERVISOR			
TO TO				MARK E. REPPENHAGEN				STEVEN DOUGHTEN			