

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in **TRIPLICATE** to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, and other important operations, even though the work was witnessed by an agent of the Commission. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Report by Checking Below

| | | | | | |
|--|-----------|--|-----------|-----------------------------|--|
| REPORT ON BEGINNING DRILLING OPERATIONS | XX | REPORT ON RESULT OF TEST OF CASING SHUT-OFF | XX | REPORT ON REPAIRING WELL | |
| REPORT ON RESULT OF PLUGGING WELL | | REPORT ON RECOMPLETION OPERATION | | REPORT ON (Other) | |

January 7, 1953

(Date)

Antec, New Mexico

(Place)

Following is a report on the work done and the results obtained under the heading noted above at the

Francis L. Harvey

(Company or Operator)

Pinkstaff Estate

(Lease)

(Contractor)

Well No. **2** in the **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$ of Sec. **29**

T. **29N**, R. **10E**, NMPM., **Wildcat** Pool, **San Juan** County.

The Dates of this work were as follows: **November 30, 1952**

Notice of intention to do the work ~~(was)~~ (was not) submitted on Form C-102 on **(Form C-101)**, 19

(Cross out incorrect words)

and approval of the proposed plan ~~(was)~~ (was not) obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Spudded November 30, 1952.

94 feet of 8-5/8", 32# used casing was cemented with 100 sz of cement. Pressured up to 500# with no drop in pressure.

960 feet of 4 1/2" casing cemented with 100 sz of cement. Pipe tested okay.



Witnessed by _____ (Name) _____ (Company) _____ (Title)

Approved: **OIL CONSERVATION COMMISSION**

Francis L. Harvey
(Name)
Oil and Gas Inspector Dist. #3.

(Title)

(Date)

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

Name **Francis L. Harvey**

Position **Co-owner**

Representing **Francis L. Harvey**

Address **Box 990, Wichita Falls, Texas**

| | | |
|------------------------------|------------------|---|
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