

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in TRIPPLICATE 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		REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON Perforating (Other) Acidizing	<b>X</b>

December 17, 1954, Midland, Texas  
(Date) (Place)

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

The Texas Company State of New Mexico "BV"  
(Company or Operator) (Lease)

McVay & Stafford Drlg. Company, Well No. 5 in the SW 1/4 SW 1/4 of Sec. 26  
(Contractor)

T. 13-S, R. 33-E, NMPM, Lazy J. Penn Pool, Lea County

The Dates of this work were as follows:

Notice of intention to do the work ~~X220~~ (was not) submitted on Form C-102 on \_\_\_\_\_, 19\_\_\_\_,  
(Cross out incorrect words)

and approval of the proposed plan ~~X220~~ (was not) obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED  
TD: 9827' PB: 9822'

5 1/2" casing set at 9827'  
5 1/2" casing was perforated as follows: 9620'-9640', 9650'-9720', 9770'-9810' with 4 shots per foot.  
Perforations were washed with 500 gallons mud acid.  
Formation was treated through the above perforations with 5000 gallons of 15% regular acid.  
Well flowed 217 bbls. oil cut 4% acid water through a 32/64" choke in 13 hours.

Witnessed by \_\_\_\_\_ (Name) \_\_\_\_\_ (Company) \_\_\_\_\_ (Title)

Approved: OIL CONSERVATION COMMISSION

*S. G. Stanley*  
(Name)  
(Title) \_\_\_\_\_ (Date)

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

Name *[Signature]*  
Position Asst. Dist. Supt.  
Representing The Texas Company  
Address Box 1270, Midland, Texas