

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY _____
(Address)

LEASE _____ WELL NO. _____ UNIT _____ S _____ T _____ R _____
DATE WORK PERFORMED _____ POOL _____

This is a Report of: (Check appropriate block)

<input type="checkbox"/> Results of Test of Casing Shut-off
<input type="checkbox"/> Beginning Drilling Operations
<input type="checkbox"/> Remedial Work
<input type="checkbox"/> Plugging
<input type="checkbox"/> Other _____

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

ILLEGIBLE

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 _____		

OIL CONSERVATION COMMISSION	I hereby certify that the information given above is true and complete to the best of my knowledge.
Name _____	ORIGINAL
Title _____	SIGNED BY: B. G. HOWARD
Date _____	Position _____
	Company _____