

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

HOBBS OFFICE GCC

MISCELLANEOUS REPORTS ON WELLS

1955 APR 4 AM 7:49

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	<input checked="" type="checkbox"/>	REPORT ON RESULT OF TEST OF CASING SHUT-OFF	<input checked="" type="checkbox"/>	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other)	

April 1, 1955 (Date) Midland, Texas (Place)

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

The Texas Company (Company or Operator) American National-Keohane Unit (Lease)

Carper Drilling Company (Contractor), Well No. 1 in the NE 1/4 NW 1/4 of Sec. 18

T. 19-S, R. 37-E, NMPM, Eumont Gas Pool, Lea County.

The Dates of this work were as follows: See Below

Notice of intention to do the work ~~XXX~~ (was not) submitted on Form C-102 on \_\_\_\_\_, 19\_\_\_\_, and approval of the proposed plan ~~XXX~~ (was not) obtained. (Cross out incorrect words)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Spudded 12-1/4" hole at 7:00 P.M. 3-26-55

TD: 1350'

Ran and cemented 43 Joints, 1336' of 8-5/8" casing set at 1349' with 700 sacks 4% gel and 200 sacks regular cement. Completed 9:15 P.M. 3-29-55.

Pressured up on casing with 1000 lbs at 4:30 P.M. 3-31-55. No drop in pressure after 30 minutes. Drilled out cement plug at 9:15 P.M. 3-31-55.

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

Approved: *S. J. Stanley*  
OIL CONSERVATION COMMISSION  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)

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

Name: *W. L. Chaves*  
Position: Asst. Dist. Supt.  
Representing: The Texas Company  
Address: Box 1270, Midland, Texas