

COMPANY Continental Oil Company, Box 427, Hobbs, New Mexico  
(Address)

LEASE State A-2 "A" WELL NO. 2 UNIT I S 2 T 20S R 37E  
DATE WORK PERFORMED 4-18-56 POOL Eumont

This is a Report of: (Check appropriate block)

<input checked="" 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.

Spudded hole at 10:00 A.M. 4-18-56. Ran 8 5/8" casing set at 298' using 2 centralizers  
Cemented with 200 sacks regular. Plug down at 6:15 P.M. 4-18-56. Cement circulated. Tested  
casing before and after drilling plug with 900' for 30 minutes. No pressure drop.

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 _____		
	(Company)	

OIL CONSERVATION COMMISSION

Name C. M. Leedy

Title Engineer District I

Date \_\_\_\_\_

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

Name Robert L. ...

Position District Superintendent

Company Continental Oil Company