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.

result of well repair,	and other important opera- ules and Regulations of the	ations, even though the Commission.	work was witnessed	by an agent of the Con	mission. See additional
	I	ndicate Nature of Repo	rt by Checking Bel	0 w	
REPORT ON BEGI DRILLING OPERA		REPORT ON RESUL OF CASING SHUT-C		REPORT ON REPAIRING WELI	_
REPORT ON RESULT OF PLUGGING WELL REPORT ON RECO			MPLETION REPORT ON (Other)		
				W-LL W	Yt
		(Date)	RDEP 3, 1934	Hobbs, N	(Place)
Following is a r	eport on the work done a	nd the results obtained t	inder the heading n	oted above at the	
	Gulf Oil Corpore	ition	G. C. Matthews		
	(Company or Operator)			(Lease)	
اما	(Contractor)	ling Co.	Well No. 12	in the SE 1/4 S	5 /4 of Sec 6
т 20- S в 3 %	7-E _{NMPM} . Hom	ment-Hinebry	Pool.		County
•	•				
The Dates of this wor	k were as folows:	V6 50	DEF 21-27, 17	74	
Notice of intention to	o do the work (was r	not) submitted on Form (C-102 on		, 19
				(Cross out incorrect words)	
and approval of the p	proposed plan (was r	not) obtained.			
	DETAILED A	CCOUNT OF WORK D	ONE AND RESUI	TS OBTAINED	
comented at	ts and cut Jt (566 5699' with 400 sac num pressure 1600	eks 4% gel and 1	00 sacks Neat	on bettom. Plu	t and g at
was no drop i	ting over 30 hours in pressure. Dril minutes. No drop	Lled comment plug	ng with 1000# from 5606' t	for 30 minutes. o 569 7°. Teste d	There with
Witnessed by	P. K. Parker	Gulf Oil	Corporation	Drilling	Poreman
	(Name)		Company)	(Tit	(e)
Approved: OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.			
(Name)			Desision.	Area Supt. of P.	red.
V			Position	Gulf Gil Corper	
*	<i>/</i>		Representing	Pox 2167, Hebb	
(Title)		(Date)	Address		