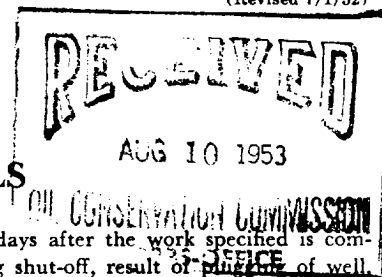


Original: 4 cc's OCE
cc: VDA
JTR
F

(Form C-103)
(Revised 7/1/52)

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

August 6, 1953
(Date)

Hobbs, New Mexico
(Place)

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

Sinclair Oil & Gas Company
(Company or Operator)

B. J. Barber
(Lease)

Gackle Drilling Company
(Contractor)

Well No. 9 in the NE 1/4 NE 1/4 of Sec. 7

T. 20 S, R. 37 E, NMPM., Monument Pool, Lea County.

The Dates of this work were as follows: 6-14-53

Notice of intention to do the work (was) (was not) submitted on Form C-102 on _____, 19____, (Cross out incorrect words)

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

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Spudded 6-12-53

TD 900 - Set 13 3/8" OD casing @ 898 and cemented with 750 sacks of cement. Circulated to Surface. Let set 48 hours and tested with 1,000# pump pressure. Drilled cement plug and retested with 1,000# pump pressure for 30 minutes. No decrease in pressure. resumed drilling.

Witnessed by J. J. Wright (Name) Sinclair Oil & Gas Co. (Company) Asst. foreman (Title)

Approved: OIL CONSERVATION COMMISSION

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

Name _____

Position Dist. Supt.

Address _____

Box 1927 Hobbs, New Mexico

Oil & Gas Inspector

(Title)

(Date)