

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS 7 PM 3 04

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY GORDON M. CONE, Box 1148, Lovington, New Mexico  
(Address)

LEASE Gribble WELL NO. 1 UNIT L S 6 T 9S R 37E  
DATE WORK PERFORMED 12-6-59 POOL Undesignated

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☐ Other \_\_\_\_\_

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

**Set 13-3/8", 48# casing at 342', cemented with 385 sacks.  
Pressured up to 600#, held for 30 minutes. No leaks  
were found.**

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	I hereby certify that the information given above is true and complete to the best of my knowledge.
Name <u>[Signature]</u>	Name <u>Charlene James</u>
Title _____	Position <u>Secretary</u>
Date _____	Company <u>Gordon M. Cone</u>

December 7, 1959