

DUPLICATE

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.

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)	

December 7, 1953 Midland, Texas  
(Date) (Place)

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

The Texas Company State of New Mexico "BN" NCT-1  
(Company or Operator) (Lease)  
Livermore Drilling Company, Well No. 2 in the NE 1/4 SW 1/4 of Sec. 25,  
(Contractor)  
T. 11-S, R. 32-E, NMPM, Moore-Devonian Pool, Lea County.

The Dates of this work were as follows: See Below

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

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD: 3518-Lime

Ran and cemented 112 joints 3507' of 8 5/8" casing at 3518' with 2300 sacks. Cement circulated. Completed at 3:30 A. M. 12-1-53.

Commenced drilling cement at 5:00 P. M. 12-2-53. Tested casing job by pressure method. Tested, okay.

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

Approved: OIL CONSERVATION COMMISSION

*S. G. Stanley*  
(Name)  
Engineer District 1  
(Title)  
DEC 10 1953  
(Date)

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

Name *[Signature]*  
Position Asst. Dist. Supt.  
Representing The Texas Company  
Address Box 1270, Midland, Texas