

**DUPLICATE**

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106) 11-08

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

LEASE Leonard Oil Company WELL NO. 2 UNIT I S 9 T 20S R 36E  
DATE WORK PERFORMED 11-20-55 POOL Emont

This is a Report of: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Results of Test of Casing Shut-off
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work
	<input type="checkbox"/> Other

Detailed account of work done, nature and quantity of materials used and results obtained.  
Spudded hole at 12 noon 11-20-55. Set 8 5/8" casing at 340', cemented with 250 sacks cement, using 3 centralizers. Plug down at 7:25 P.M. 11-20-55. Cement circulated. Tested casing with 600' pressure before and after drilling plug. 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

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

Name M L Armstrong  
Title Inspector  
Date NOV 20 1955

Name [Signature]  
Position District Superintendent  
Company Continental Oil Company