

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY REANO CORPORATION & BEN HOGAN
(Address)

LEASE Atlantic State WELL NO. 3 UNIT J S 25 T 21 S R 35 E

DATE WORK PERFORMED _____ POOL Turnout

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other Change in Well Number

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

We desire to change the well designation from Atlantic State #3 to Atlantic State #2

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

Name [Signature]
Title Engineer
Date _____

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

Name [Signature]
Position Agent
Company [Signature]