

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

OCT 2 9 1951

MISCELLANEOUS REPORTS ON WELLS

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work appeals of the completed. It should be signed and filed as a report or hard to the complete of the conservation of the complete of the conservation of is completed. It should be signed and filed as a report on beginning drilling operations, results of stooting of casing shut off, result of plugging of well, 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 nat	ture of report by checking below.	
REPORT ON BEGINNING DRILLING OPERATIONS	REPORT ON REPAIRING WELL	
EPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
EPORT ON RESULT OF TEST OF CASING SHUT-OFF	REPORT ON DEEPENING WELL	
EPORT ON RESULT OF PLUGGING OF WELL	REPORT ON LEI HEAD F ESSIR.	x
OCT-war 1	L8, 1951 Hobbs, New Herdigo	· · · · · · · · · · · · · · · · · · ·
	Date Place	
ollowing is a report on the work done and the result	ts obtained under the heading noted above at the	
Continental Oil Comment		
	B-26 Well No3	
	, T 23 S, R. 36 E	
Langlie-Mattix Pool Lea		County.
	mitted on Form C-102 on	, 19,
The wellhead pressure was 995	WORK DONE AND RESULTS OBTAINED	, after
DETAILED ACCOUNT OF	WORK DONE AND RESULTS OBTAINED	, after
The wellhead pressure was 995 a 24-hour shut-in period.	WORK DONE AND RESULTS OBTAINED	, after
The wellhead pressure was 995 is a 24-hour shut-in period.	p.s.i. gauge, on October 9, 1951	
The wellhead pressure was 995 a 24-hour stat-in period. tnessed by	Company Title I hereby swear or affirm that the information gi is true and correct. Name	ven above
The wellhead pressure was 995 a 24-hour stat-in period. The wellhead pressure was 995 a 24-hour stat-in period. Increased by Name PROVED: OIL CONSERVATION COMMISSION	Company Company Title I hereby swear or affirm that the information gi is true and correct. Name Position District Superintendent	ven above
tnessed by Name PPROVED: OIL CONSERVATION COMMISSION Name Name Name	Company Title I hereby swear or affirm that the information gi is true and correct. Name	ven above

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