

DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

RECEIVED  
JAN 21 1952  
OIL CONSERVATION COMMISSION  
HOBB'S OFFICE

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the specified is completed. It should be signed and filed as a report on beginning drilling operations, results of shooting well, results of test 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 nature of report by checking below.

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	XX	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

January 19, 1952. - Hobbs, New Mexico.  
Date Place

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

Skelly Oil Co. Mexico "J" Well No. 4 in the  
Company or Operator Lease  
SE SW of Sec. 32, T. 24S, R. 38E, N. M. P. M.,  
Unamed Pool Lea County.

The dates of this work were as follows: January 19, 1952.

Notice of intention to do the work was (was not) submitted on Form C-102 on January 17, 1952, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Drilled to total depth of 3150'. Ran 9-5/8" casing to 3150' and cemented with 1900 sacks of cement. Halliburton process was used and cement circulated to surface.

Let cement set 4 1/2 hours and on January 19, 1952, at approximately 7:30 a.m. drilled plug and tested casing shut-off. Shut-off tested o.k.

Witnessed by R. L. Calhoon Skelly Oil Company Foreman  
Name Company Title

APPROVED:  
OIL CONSERVATION COMMISSION  
Roy Garbrough  
Name Title  
Date 19

I hereby swear or affirm that the information given above is true and correct.  
Name [Signature]  
Position Dist. Supt.  
Representing Skelly Oil Co.  
Company or Operator  
Address Box 38