

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

COMPANY _____
(Address) _____
LEASE _____ WELL NO. _____ UNIT _____ S _____ T _____ R _____
DATE WORK PERFORMED _____ POOL _____

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

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

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 Paul Bernell	The Ikon Company	_____

OIL CONSERVATION COMMISSION	I hereby certify that the information given above is true and complete to the best of my knowledge.
Name <u>M. L. Armstrong</u>	Name _____ T. A. F. _____
Title <u>Manager</u>	Position _____
Date _____	Company <u>The Ikon Company</u>

[illegible]