

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. 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		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL	X		

Hobbs, New Mexico
PlaceSeptember 17, 1946
Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.
Gentlemen:

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

Mc-Tex Supply Company Shugart Peyton Well No. 2 in the
Company or Operator Lease
NNNNNN of Sec. 16, T. 18, R. 31, N. M. P. M.,
Shugart Day Field, Eddy County

The dates of this work were as follows: September 15th, 16th, 17th, 18th

Notice of intention to do the work was (was not) submitted on Form C-102 on September 6, 1946
and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set Caliche Bridge at 2950'--50' cement plug from 2900' to 2950'--
Filled Hole with mud from 825' to 2900'--36' Cement Plug from 789'
to 825'--Filled hole with mud and set 5' Marker in Cement.

Witnessed by _____
Name Company Title

Subscribed and sworn to before me this _____
_____ day of _____, 19_____

Notary Public

I hereby swear or affirm that the information given above is true and correct.

Name _____

Position _____

Representing _____

Company or Operator

My Commission expires _____

Address _____

Remarks:

Name _____

Title _____

OPERATOR _____ LEASE & WELL NO. _____

POOL _____ LOCATION _____

ELEV. _____ TD _____ STATE _____ FEDERAL _____

PROD. &/OR INJ. INT. & ZONE _____

DAILY PROD. &/OR INJ. WITH PRESSURE _____

	Size Hole	Casing Size	Depth	Cement Amount & Kind	Cement Top	Csg/Tbg Pressure
COND.	_____	_____	_____	_____	_____	_____
SUR.	_____	_____	_____	_____	_____	_____
INT.	_____	_____	_____	_____	_____	_____
PROD.	_____	_____	_____	_____	_____	_____
LINER	_____	_____	_____	_____	_____	_____

REMARKS: _____

T.A. _____

T.X. _____

B.X _____

T.DEL.LI _____

T.DEL.SD. _____

T.Y _____

T.SR _____

T.Q _____

T.PENROSE _____

T.GB. _____

T.PREMIER _____

T.SA _____

T. GLO _____

T.BLBY _____

T.C.F _____

T.T _____

T.FULL _____

T.DR. _____