

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, 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 RESULT OF TEST OF CASING SHUT-OFF	<input checked="" type="checkbox"/>	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other)	

August 8, 1952

(Date)

Dallas, Texas

(Place)

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

E. L. Wilson

(Company or Operator)

Ethel Skinner

(Lease)

Sadler Drilling Corp.

(Contractor)

Well No. 2 in the SW 1/4 NW 1/4 of Sec. 18

T. 24-S, R. 29-E, NMPM, Malaga Pool, Eddy County.

The Dates of this work were as follows: August 5, 1952

Notice of intention to do the work (~~was~~) (was not) submitted on Form C-102 on _____, 19____, and approval of the proposed plan (~~was~~) (was not) obtained. (Cross out incorrect words)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

5-1/2" 14# casing cemented at 2712' on August 6, 1952 with 125 sacks of cement and water completely shut off. Plug drilled with cable tools on August 8, 1952

Witnessed by _____ (Name) _____ (Company) _____ Co-owner (Title)

Approved:

OIL CONSERVATION COMMISSION

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

Name _____

Position _____ Co-owner

Representing _____ E. L. Wilson

Address _____ 707 Continental Bldg., Dallas, Texas

OIL AND GAS INSPECTOR

(Title)

AUG 11 1952

(Date)

THE CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

No. Copies Distributed **3**

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Assistant Director _____ ✓
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District Manager _____ ✓
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