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# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company **Dr. Sam G. Dunn** Address **Box 452, Artesia, New Mexico**

Lease **Pendergrass** Well No. **2** Unit Letter **E** Section **4** Township **7 S** Range **26 E**

Date Work Performed **10-16-64, 10-23-64** Pool **Linda San Andres** County **Chaves**

THIS IS A REPORT OF: (Check appropriate block)

- ☒ Beginning Drilling Operations
 ☒ Casing Test and Cement Job
 ☐ Other (Explain):  
☐ Plugging
 ☐ Remedial Work

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

10-16-64 Spudded well. Drilled to 70' and set 8-5/8" pipe.

10-23-64 Drilled to 1065 and set new 4-1/2" casing at 1064'. Cemented with 250 sax and circulated.

RECEIVED

DEC 29 1964

O. C. C.  
ARTESIA, OFFICE

Witnessed by **L. R. McFadin** Position **Supt.** Company **Dr. Sam G. Dunn**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

### ORIGINAL WELL DATA

D F Elev. T D P B T D Producing Interval Completion Date

Tubing Diameter Tubing Depth Oil String Diameter Oil String Depth

Perforated Interval(s)

Open Hole Interval Producing Formation(s)

### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by **ML Armstrong** Name **Pat Thompson**

Title **Asst. and Gas Inspector** Position **Agent**

Date **DEC 29 1964** Company **Dr. Sam G. Dunn**