

## NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

HOBBS OFFICE OCC

## MISCELLANEOUS REPORTS ON WELLS

1954 MAY 23 AM 9:28

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)	

May 26, 1954

Hobbs, New Mexico

(Date)

(Place)

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

Cities Production Corporation

State "AD"

(Company or Operator)

(Lease)

Guy Mabree Drilling Company

Well No. 4 in the SW SW SE 22

(Contractor)

Mescalero-Pennsylvanian

Lea

T 10S, R. 32E, NMPM., Pool, County.

May 23 and 25, 1954

The Dates of this work were as follows:

(Not Required)

Notice of intention to do the work (~~was~~) (was not) submitted on Form C-102 on, 19.

(Cross out incorrect words)

and approval of the proposed plan (~~was~~) (was not) obtained.

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Total Depth 9394' Lime. Ran 236 2/3 joints, 9378' of 5 1/2" OD casing set at 9392' and cemented with 400 sacks neat cement. Plug was down at 5:30 P.M. May 23, 1954. Top of cement was located at 7256' by temperature survey. Cement was allowed to set 48 hours; casing shut-off was tested and was found to be satisfactory.

W. M. Dickey

Cities Production Corporation

Production Foreman

Witnessed by

(Name)

(Company)

(Title)

Approved:

OIL CONSERVATION COMMISSION

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

Name

Asst. Division Superintendent

Position

Representing Cities Production Corporation

Address Box 97, Hobbs, New Mexico

(Title)

(Date)