<b>۴</b> گر		(Form C-103) (Revised 7/1/52)
PUPLICATE MEXICO OIL CONSER Santa Fe, New		
MISCELLANEOUS REI	PORTS 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 the casing shut-off desult 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	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL	x	REPORT ON RECOMPLETION OPERATION	REPORT ON (Other)	

April 7, 1953 Midland, Texas (Place)

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

Company or Operator)	Stat	e "D"	
Hobbs Pipe & Supply Co. (Contractor)	, Well No <b>1</b>	in the	<b>E</b> <sup>1</sup> / <sub>4</sub> of Sec <b>13</b> ,
T. 115 , R. 32E , NMPM., Maore Devonian	Pool,	Lea	County.
The Dates of this work were as follows:	-2-53 -4-3-53		

and approval of the proposed plan (was) (monot) obtained.

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Total Depth, 11,010<sup>°</sup>. 50<sup>°</sup> cement plug from 11,010<sup>°</sup> to 10,960<sup>°</sup>. 100<sup>°</sup> plug from 3490<sup>°</sup> to 3590<sup>°</sup>, 50<sup>°</sup> inside 8 5/8<sup>°</sup> casing set at 3540<sup>°</sup> and 50<sup>°</sup> in open hole below 8 5/8<sup>°</sup> Casing.

, Fulled 899' ( 30 Jts.) of 8  $5/8^{\circ}$  GD Casing. Left 2,620' (85 Jts.) in hole set at 3540'. Spotted cement plugs from 300' to 325' (13  $3/8^{\circ}$ . Casing set at 312') and from 0 to 25' using total of 30 sacks.

Well abandonment complete 4-3-53.

Witnessed by

Tems Gulf Producing Company Petroleum Engineer

Approved:	OIL CONSE	RVATION C	OMMISS	IÓN		
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		(Name)	end  end  end  end  end  end  end  end	AAF	14	195
(Title)	X (and	nspector	*******	()	Date)	

I hereby certify that the information given above is true and complete to the best given whowledge.
Name Flags Mettyskin
Position District Superintendent

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