

## NEW MEXICO OIL CONSERVATION COMMISSION

DUPLICATE

## MISCELLANEOUS REPORTS ON WELLS

RECEIVED

SEP 10 1952

OIL CONSERVATION COMMISSION  
HOBBBS OFFICE

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report on beginning drilling operations, results of shooting well, results of casing shut off, result of plugging of well, 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 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		

September 8, 1952

Midland, Texas

Date

Place

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

The Texas Company St. of N.M. "BR" Well No. 1 in the  
Company or Operator Lease

SE 1/4 SW 1/4 of Sec. 24, T. 11-S, R. 32-E, N. M. P. M.,

Moore Devonian Pool Lea County.

The dates of this work were as follows: See Below

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

## TD - 333 - Red Beds

Ran and cemented 11 jts 313' of 13 3/8" casing at 328' with 300 sacks. Cement circulated. Completed 4:00 A.M. 8-30-52.

Commenced drilling cement plug at 5:00 P.M. 8-31-52. Tested casing before and after by pressure method.. Tested okay.

Witnessed by \_\_\_\_\_ Name \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

APPROVED:  
OIL CONSERVATION COMMISSION

*Roy J. Yankovsky*  
Name \_\_\_\_\_ Title \_\_\_\_\_

SEP 10 1952

Date

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

Name *W. C. C. C.*

Position Asst. Dist. Supt.

Representing The Texas Company  
Company or Operator

Address Box 1270 Midland, Texas