

DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

RECEIVED

NOV 13 1951

OIL CONSERVATION COMMISSION  
RESULTS OF TEST

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 test 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	<b>X</b>	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

November 5, 1951

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 State of New Mexico "BC"

Well No. 1 in the

Company or Operator

Lease

SW/4 SW/4 of Sec. 33, T. 11-S, R. 32-E, N. M. P. M.,

Wildcat Pool Lea County.

The dates of this work were as follows: See Below

Notice of intention to do the work was (~~XXXX~~) submitted on Form C-102 on October 24, 1951, and approval of the proposed plan was (~~XXXX~~) obtained. (Cross out incorrect words.)

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD: 3625 - Dolomite

Ran and cemented 3612' 8 5/8" casing set at 3625' with 2300 sacks. Cement circulated. Completed 11:00 PM 10-24-51.

Commenced drilling cement plug at 8:00 AM 10-27-51. Tested casing before and after. Tested okay.

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

APPROVED:  
OIL CONSERVATION COMMISSION

*Roy Yarkrocy*  
Oil & Gas Inspector  
Name \_\_\_\_\_  
Title \_\_\_\_\_

NOV 13 1951

Date

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

Name *Alto*

Position Asst. Dist. Supt.

Representing The Texas Company  
Company or Operator

Address Box 1270, Midland, Texas