

DUPLICATE

Form C-183  
(Revised 3-55)

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

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

COMPANY GORDON M. CONE Box 1148, Lovington, New Mexico  
(Address)

LEASE Anderson WELL NO. 1 UNIT J S 1 T 9-S R 36-E  
DATE WORK PERFORMED 8-18-60 POOL Allison

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☐ Other \_\_\_\_\_

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

Spudded 8-17-60

T.D. 384'

Ran 384' of 13-3/8" 48# casing. Set at 373'.

Cemented with 385 sacks cement, 2% c.c.

Plugged down at 5 P.M. Waiting On Cement.

WOC 12 hours. Pressured up to 500# of casing  
and held for 30 minutes. No leaks were found.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. \_\_\_\_\_ TD \_\_\_\_\_ PBD \_\_\_\_\_ Prod. Int. \_\_\_\_\_ Compl Date \_\_\_\_\_  
Tbng. Dia \_\_\_\_\_ Tbng Depth \_\_\_\_\_ Oil String Dia \_\_\_\_\_ Oil String Depth \_\_\_\_\_  
Perf Interval (s) \_\_\_\_\_  
Open Hole Interval \_\_\_\_\_ Producing Formation (s) \_\_\_\_\_

RESULTS OF WORKOVER:

BEFORE

AFTER

Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____	_____	_____

(Company)

OIL CONSERVATION COMMISSION

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

Name \_\_\_\_\_

Name Reggie Peters

Title \_\_\_\_\_

Position Secretary-Agent

Date \_\_\_\_\_

Company GORDON M. CONE