

NEW MEXICO OIL CONSERVATION COMMISSION

**DUPLICATE**

MISCELLANEOUS REPORTS ON WELLS

**RECEIVED**  
 JUN 9 1952  
 OIL CONSERVATION COMMISSION  
 DISTRICT OFFICE

Submit this report in duplicate 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	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

June 5, 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

State of N.M. "BN"

Well No. 1

in the

Company or Operator

Lease

NW 1/4 SW 1/4

of Sec.

25

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 (~~was not~~) submitted on Form C-102 on April 28, 1952, and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD: 350 - Red Beds

Ran and cemented 331' 13 3/8" casing at 346' with 350 sacks. Cement circulated. Completed 1:00 AM 4-28-52.

Commenced drilling cement plug at 1:45 AM 4-30-52. Tested casing job before and after by pressure method. Tested okay.

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

APPROVED:  
 OIL CONSERVATION COMMISSION  
*Ray Garbary*  
 Name  
 Oil & Gas Inspector  
 Title  
 JUN 9 1952  
 Date

I hereby swear or affirm that the information given above is true and correct.  
 Name *Alth...*  
 Position Asst. Dist. Supt.  
 Representing The Texas Company  
 Company or Operator  
 Address Box 1270 Midland, Texas