

## MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

## MISCELLANEOUS REPORTS 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 test of casing shut-off, result 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 | <b>X</b> | REPORT ON REPAIRING WELL |  |
| REPORT ON RESULT OF PLUGGING WELL       |  | REPORT ON RECOMPLETION OPERATION            |          | REPORT ON (Other)        |  |

February 11, 1955

(Date)

Midland, Texas

(Place)

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

The Texas Company

(Company or Operator)

State of New Mexico "BN" NCT-2

(Lease)

Livermore Drilling Company

(Contractor)

Well No. 3 in the NW 1/4 SW 1/4 of Sec. 25

T11-S, R. 32-E, NMPM, 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\_\_\_\_.

(Cross out incorrect words)

and approval of the proposed plan ~~was~~ (was not) obtained.

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD: 10,600' Lime

Ran and cemented 308 joints 10,591' of 5½" casing at 10,600' with 800 sacks. Cement circulated. Completed 9:00 A.M. 2-7-55.

Commenced drilling cement plug at 9:00 A.M., 2-10-55. Tested casing job by pressure method. Tested okay.

Witnessed by \_\_\_\_\_ (Name) \_\_\_\_\_ (Company) \_\_\_\_\_ (Title)

Approved: \_\_\_\_\_  
OIL CONSERVATION COMMISSION

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

Name: \_\_\_\_\_

Position: Asst. Dist. Supt.

Representing: The Texas Company

Address: Box 1270, Midland, Texas

(Title)

(Date)