

DUPLICATE

NEW 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 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	<input checked="" type="checkbox"/>	REPORT ON RESULT OF TEST OF CASING SHUT-OFF	<input checked="" type="checkbox"/>	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other)	

RECEIVED
JUL 16 1953
OIL CONSERVATION COMMISSION
HOBBS OFFICE

July 13, 1953 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

(Company or Operator)

State of New Mexico "BV" NCT-1

(Lease)

Loffland Bros. Drilling Co.

(Contractor)

Well No. 2 in the NW 1/4 SW 1/4 of Sec. 26

T. 13-S, R. 33-E, NMPM, Undesignated 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: 348-Red Bed

Spudded 17-1/4" hole 7-5-53.

Ran and Cemented 11 joints 332' of 13-3/8" casing at 346' with 375 sacks. Cement circulated. Completed at 5:30 P. M. 7-5-53.

Commenced drilling cement plug at 6:00 P.M. 7-6-53. Tested cement job by pressure method before and after drilling. Tested okay.

Witnessed by _____
(Name) (Company) (Title)

Approved:

OIL CONSERVATION COMMISSION

Roy Yarbrough

(Name)

Oil & Gas Inspector

(Title)

JUL 17 1953

(Date)

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.