

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 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		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION	<b>Drill Deeper</b>	REPORT ON (Other)	<b>Acidise</b>

April 5, 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 "BV" NCT-1** (Lease)  
**J. P. (Bum) Gibbins Inc.** (Contractor), Well No. **3** in the **NE**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$  of Sec. **26**  
**T13-S**, **R33-E**, NMPM, **Lazy J (Penn)** Pool, **Lea** County.

The Dates of this work were as follows: **3-25-55 to 4-2-55**

Notice of intention to do the work (was) ~~XXXX~~ submitted on Form C-102 on **March 21,** 19**55**,  
 (Cross out incorrect words)  
 and approval of the proposed plan (was) ~~XXXX~~ obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED  
 Old TD: 9670' PB TD: 9669' Present TD: 9795'  
 5½" casing set at 9670'

In order to increase productivity of this well we have drilled deeper to 9795' and treated open hole 9670'-9795' with 5000 gallons 15% regular acid. Flowed on test, 194 bbls 42.4 gravity oil through a 24/64" choke in 8 hours. GOR 373.

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)

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