

DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-103)
(Revised 7/1/52)

REC-103

DEC 8 1953

OIL CONSERVATION COMMISSION
HOBBS-OFFICE

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		REPORT ON (Other)	

December 7, 1953
(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)

Frank Wood Associates, Inc. (Contractor), Well No. 4, in the SE 1/4 SW 1/4 of Sec. 26

T13-S, R33-E, NMPM, Lazy "J" (Penn) Pool, Lea County.

The Dates of this work were as follows: See below

Notice of intention to do the work (X) (was not) submitted on Form C-102 on _____, 19____, (Cross out incorrect words)
and approval of the proposed plan (X) (was not) obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD: 4073-Line

Ran and cemented 128 joints 4061' of 9 5/8" casing at 4072' with 2800 sacks. Completed at 5:30 P. M. 11-23-53.

Commenced drilling cement at 11:00 A. M. 11-25-53. Tested casing job by pressure method. Tested okay.

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

Approved:

OIL CONSERVATION COMMISSION

S. G. Stanley (Name)

Engineer District 1 (Title)

DEC 9 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

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

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