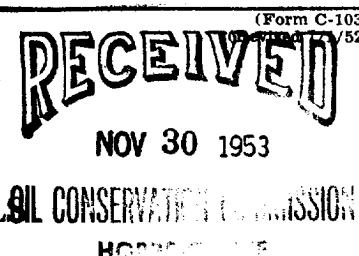


DUPLICATE

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 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	<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)	

November 27, 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 State of New Mexico "BV" NCT-1
(Company or Operator) (Lease)

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

T. 13-S, R. 33-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 ~~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: 358 Red Beds

Spudded 17 1/4" hole at 12:00 A. M. 11-14-53.

Ran and cemented 11 joints 338' of 13 3/8" casing at 352' with 250 sacks of cement. Cement circulated. Completed at 12:20 A. M. 11-15-53.

Commenced drilling cement at 12:00 P. M. 11-15-53. 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)

NOV 30 1953
(Date)

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

Name *[Signature]*

Position Asst. Dist. Supt.

Representing The Texas Company

Address Box 1270, Midland, Texas