

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1109) 50

COMPANY GORDON M. CONE Box 1148 Lovington, New Mexico  
(Address)

LEASE State "24" WELL NO. 2 UNIT M S 24 T 12 S R 34 E

DATE WORK PERFORMED 10/25/58 POOL Ranger Lake

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☐ Other \_\_\_\_\_

Detailed account of work done, nature and quantity of materials used and results obtained.

10,375 feet of 5 $\frac{1}{2}$  inch casing set:

3.00 shoe

25.00-20# N 17#

2.00 float

1389.50 17# N

2602.92 17# J LTRC

4449.60 17# NJ ST&C

1902.98 17# N

Cemented with 350 sacks 2 $\frac{1}{2}$  gal; cement circulated to 890 $\frac{1}{2}$  feet  
Pressured up to 1000# and held for 2 hours--no leaks were found.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. 4150 TD 10,375 PBD \_\_\_\_\_ Prod. Int. \_\_\_\_\_ Compl Date \_\_\_\_\_

Tbng. Dia \_\_\_\_\_ Tbng Depth \_\_\_\_\_ Oil String Dia \_\_\_\_\_ Oil String Depth \_\_\_\_\_

Perf Interval (s) \_\_\_\_\_

Open Hole Interval \_\_\_\_\_ Producing Formation (s) \_\_\_\_\_

RESULTS OF WORKOVER:

BEFORE

AFTER

Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____	_____	_____

(Company)

OIL CONSERVATION COMMISSION

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

Name Gordon M. Cone Name GORDON M. CONE  
Title Operator Position Operator  
Date \_\_\_\_\_ Company GORDON M. CONE

