

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)	

October 16, 1952
(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 "BT"

(Lease)

Cactus Drilling Company

(Contractor)

Well No. 1 in the NE 1/4 SE 1/4 of Sec. 6

T. 15-S, R32-E, NMPM, Talk Wolfcamp 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: 390 - Red Bed

Spudded 4:00 P.M. 10-13-52.

Ran and cemented 12 jts 353' of 13 3/8" casing set at 369' with 400 sacks.
Cement circulated. Completed at 9:00 A.M. 10-14-52.

Commenced drilling cement plug at 9:30 A.M. 10-15-52. Tested casing by
pressure method before and after drilling. Tested okay.

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

Approved

OIL CONSERVATION COMMISSION

Ray Yarbrough
(Name)

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

Name *Off. Coleman*

Position Asst. Dist. Superintendent

Representing The Texas Company

Address Box 1270, Midland, Texas

(Title)

(Date)