

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

RECEIVED
SEP 27 1952
OIL CONSERVATION COMMISSION

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report on beginning drilling operations, results of shooting well, results of test of casing shut off, result of plugging of well, 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 REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

September 23, 1952

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, St. of New Mexico "BS" NCT-1 Well No. 1 in the
Company or Operator Lease
NW 1/4 NE 1/4 of Sec. 10, T. 15-S, R. 32-E, N. M. P. M.,
Wildcat 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____,
and approval of the proposed plan ~~was~~ (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD: 335-Red Beds

Ran and cemented 11 jts. 314' of 13 3/8" casing at 332' with 375 sacks. Cement circulated. Completed 5:30 P.M. 9-18-52.

Comenced drilling cement plug at 4:45 P.M. 9-19-52. Tested casing by pressure method before and after drilling. Tested okay.

Witnessed by _____ Name _____ Company _____ Title _____

APPROVED:
OIL CONSERVATION COMMISSION

Roy Yarbrough
Name _____
Title _____
Date _____, 19____

I hereby swear or affirm that the information given above is true and correct.

Name *[Signature]*
Position ASST. Dist. Supt.
Representing The Texas Company
Company or Operator
Address Box 1270, Midland, Texas