NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MODOS CEFICÊLOCI

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.

| instructions in the Rules and Regu | lations of the | Commission, | ne work was witnesse eport by Checking B | | the Commission. Sec | e additiona |
|--|---|---|--|--|---|-------------|
| REPORT ON BEGINNING DRILLING OPERATIONS | | REPORT ON RES | ULT OF TEST | REPORT O | | |
| REPORT ON RESULT OF PLUGGING WELL | X. | REPORT ON REC OPERATION | OMPLETION | REPORT O | N | |
| | | Ju. (Date | ly 26, 1954 | Hobb | New Mexico | |
| Following is a report on the | | | d under the heading | noted above at the | | 14 mg |
| Simmons, Mark | | Schenck (Lease) | | •••••• | | |
| Livermore Drilling Company (Contractor) | | | , Well No | · · · · · · · · · · · · · · · · · · · | 1/4 NW 1/4 of Se- | c. 11 |
| T -16-S , R -35-E , NMPM., | • | i Wolfeenap (E | ct) Pool, | Lea | | County |
| The Dates of this work were as folo | | - | | | | oount) |
| Notice of intention to do the work | | | | | | 10 54 |
| Placed cement feet; and 25 : Schenck Well ! cellar of Sch monument will is removed fre placed in Sch | sacks at 3 No. 1-A. enck No. 1 be deferr on the loc | 329 feet. Ski Inasmuch as a L. placement of red until Sche sation. When | idded rig due a part of the of the surface anck No. 1-A i the surface p | west 50 feet rig now stand plug and red s completed of lug and monum | to drill is over the pulation and the ric | |
| Witnessed by Dave Schuls | me) | Livermore | Drilling Comp | any J | Cool Pusher | |
| OIL CONSERVATION COMMISSION (Name) | | | I hereby certify that the information given above is true and complete to the best of my knowledge. Name L. O. Storm Position Engineer | | | |
| (Title) | | ********** | Pi | mmons, Markha rst Nat'l Blo | | Testas |
| (Title) | | (Date) | Address | ear ther. T DTC | ALCO THRESCAME | T. ANDERSON |