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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS
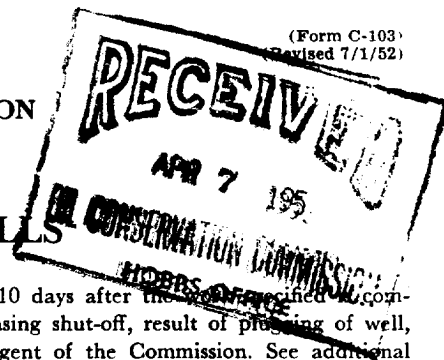
Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, 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		REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other)	

April 6, 1953   Hobbs, New Mexico
(Date)   (Place)

Following is a report on the work done and the results obtained under the heading noted above at the

Sinclair Oil & Gas Company   **T. D. Pope**
(Company or Operator)   (Lease)

Coreco Drilling Company , Well No. **2** in the **SE** ¼ **SW** ¼ of Sec. **36** ,
(Contractor)

T. **14 S** , R. **37 E** , NMPM., **Denton** Pool, **Lea** County.

The Dates of this work were as follows: **4-4-53**

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 316 - Spudded 3:PM 4-4-53

Set 316' of 13 3/8" casing @ 316 and cemented with 300 sacks of comm on cement - circulated to surface.

Let set 24 hours and tested with 1000# pump pressure for 30 Minutes. No decrease in pressure and resumed drilling.

Witnessed by **Harold W. Shaner**   **Sinclair Oil & Gas Co.**   **Foreman**
(Name)   (Company)   (Title)

Approved:
OIL CONSERVATION COMMISSION

Roy Yarbrough
(Name)

_____
(Title)   (Date)

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

Name _____

Position **Dist. Supt.**

Representing _____

Address _____