

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	<input checked="" type="checkbox"/>	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other)	

December 27, 1954 Hobbs, New Mexico
(Date) (Place)

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

Tide Water Associated Oil Company State of New Mexico
(Company or Operator) (Lease)
D & K Drilling Co. Well No. 5-D in the SW 1/4 SE 1/4 of Sec. 32
(Contractor)
T. 16-S, R. 37-E, NMPM, Lovington Paddock Pool, Lea County.

The Dates of this work were as follows: December 20, 1954 - cemented; December 22, 1954 - Tested

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

Ran, set, & cemented 8-5/8", 32# casing @ 2093' w/800 sacks of 8%
gel and 200 sacks of neat cement. Circulated out a small amount of cement.
Plug down @ 10:30 a.m., 12-20-54. Cemented hole @ surface and cellar w/100
sacks cement. Tested casing on 12-22-54 w/1000 psi for 30 minutes; held all
right.

Orig. 2cc - OGC
3cc - TWA
10cc - Partners

Witnessed by H.P. Shackelford TITLE WATER ASSOCIATED OIL COMPANY Area Superintendent
(Name) (Company) (Title)

Approved: OIL CONSERVATION COMMISSION

H. A. Samsone
(Name)

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

Name H.P. Shackelford

Position Area Superintendent

Representing Tide Water Associated Oil Co.

Address Box 547 Hobbs, N.M.

(Title)

(Date)