

HOBBS OFFICE OCC  
NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Continental Oil Company, Box 427, Hobbs, New Mexico  
(Address)

LEASE State B-13 WELL NO. 4 UNIT F S 13 T 18S R 37E  
DATE WORK PERFORMED 3-16-57 POOL Hobbs

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off  
☐ Beginning Drilling Operations ☐ Remedial Work  
☐ Plugging ☐ Other \_\_\_\_\_

Detailed account of work done, nature and quantity of materials used and results obtained.

Spudded hole at 5 P.M. 3-15-57. Ran 8 5/8" casing set at 307' with 300 sacks regular cement using 3 centralizers. Plug down at 12:30 P.M. 3-16-57. Cement circulated. Tested 8 5/8" casing with 800# before and after drilling plug. No pressure drop.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. \_\_\_\_\_ TD \_\_\_\_\_ PBD \_\_\_\_\_ Prod. Int. \_\_\_\_\_ Compl Date \_\_\_\_\_  
Tbng. Dia \_\_\_\_\_ Tbng Depth \_\_\_\_\_ Oil String Dia \_\_\_\_\_ Oil String Depth \_\_\_\_\_  
Perf Interval (s) \_\_\_\_\_  
Open Hole Interval \_\_\_\_\_ Producing Formation (s) \_\_\_\_\_

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____	_____	_____

(Company)

OIL CONSERVATION COMMISSION

Name E. Fischer  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

Name W. J. Turner  
Position District Superintendent  
Company Continental Oil Company