

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY The Texas Company, P.O. Box 458, Hobbs, New Mexico  
(Address)

LEASE State of New Mexico  
"C" DD & B WELL NO. 2 UNIT H S 25 T 18-S R 37-E  
DATE WORK PERFORMED 12-23-57 POOL Hobbs

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

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

- (1) Installed 1" high pressure test line from 13 3/8" casinghead to surface with 3000# Test valve left open.
- (2) Installed 1" high pressure test line from 9 5/8" casinghead to surface with 3000# Test valve left open.

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 \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

Name \_\_\_\_\_  
Position Field Foreman  
Company The Texas Company