

DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION

## MISCELLANEOUS REPORTS ON WELLS

RECEIVED

1953

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report on beginning drilling operations, results of shooting well, results of casing shut off, result of plugging of well, 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 REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL		Report on Casing Leak Survey, Hobbs Pool	<input checked="" type="checkbox"/>

October 6, 1953

Date

Midland, Texas

Place

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

The Texas Company State of N. M. "C" (DD&B) Well No. 2 in the  
Company or Operator Lease

SE 1/4 of NE 1/4 of Sec. 25, T. 18-S, R. 37-E, N. M. P. M.,

Hobbs Pool Lea County.

The dates of this work were as follows: See below

Notice of intention to do the work was (was not) submitted on Form C-102 on \_\_\_\_\_, 19\_\_\_\_, and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

1. Ran bottom hole pressure on 9-23-53 with results as shown on attached Form C-124.
  2. Ran temperature survey on 9-23-53 with results as shown on attached copies of survey.
  3. Bradenhead connections were considered to be dangerous and were not tested.
- No evidence is found to indicate a casing leak.

Witnessed by \_\_\_\_\_ Name \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

APPROVED: OIL CONSERVATION COMMISSION

*S. G. Stanley*  
Name \_\_\_\_\_  
Title \_\_\_\_\_

Date

I hereby swear or affirm that the information given above is true and correct.

Name *W. H. ...*

Position Asst. Dist. Supt.

Representing The Texas Company  
Company or Operator

Address Box 1270, Midland, Texas