

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Robert M. Moran Box 1718 Hobbs, New Mexico  
(Address)

LEASE Hardin "B" WELL NO. 3 UNIT D S 18 T 18S R 38E  
DATE WORK PERFORMED 5-24-59 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.

TD 256'  
Ran 240' 8 5/8" Casing  
Cemented w/200 sax 2% chloride, cement circulated  
Plug down @ 6:30 P.M. May 24, 1959  
Tested w/600 # after 24 hrs. OK

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 R. M. Moran  
Position Operator  
Company \_\_\_\_\_