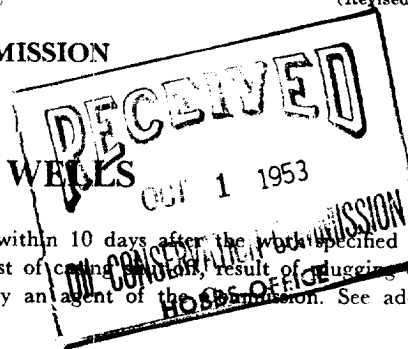


TRIPlicate

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 and well, 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		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL		REPORT ON RECOMPLETION OPERATION		REPORT ON (Other) <b>Temperature Survey and bradenhead Check</b>	

9-30-53  
(Date)

Hobbs, N.M.  
(Place)

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

Continental Oil Co.

(Company or Operator)

Grimes

(Lease)

(Contractor)

Well No. 4 in the NE 1/4 SE 1/4 of Sec. 28

T. 18, R. 38, NMPM, Hobbs Pool, Lea County.

The Dates of this work were as follows: 9-9-53

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

Subject well was tested in compliance with NMOCC memorandum dated 8-25-53.

Temperature survey: Two copies of the temperature survey are attached.

Pressure Survey: BHP at datum, 1068 psi. Results of the pressure survey are reported on form C-124.

Bradenhead Check: With tubing pressure 190 psi, 5 1/2" casing pressure 1000 psi, 7 5/8" casing pressure 200 psi, the bradenhead was opened. Salt water flowed through the 7 5/8" casing for five minutes and died. All the pressure bled off the 7 5/8" casing and the 5 1/2" casing pressure remained at 1000 psi.

Witnessed by \_\_\_\_\_  
(Name) (Company) (Title)

Approved: OIL CONSERVATION COMMISSION

S. G. Stanley  
(Name)

(Title)

(Date)

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

Name \_\_\_\_\_ C. C. Wilson

Position \_\_\_\_\_ Dist. Supt.

Representing \_\_\_\_\_ Continental Oil Co.

Address \_\_\_\_\_ Box 427 - Hobbs, N.M.

