

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY THE OTO OIL COMPANY Box 2177 Hobbs, New Mexico  
(Address)

LEASE 1000000000 WELL NO. 2 UNIT 1 S 30 T 15N R 36E  
DATE WORK PERFORMED 1/15/55 POOL Hobbs

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

Detailed account of work done, nature and quantity of materials used and results obtained.  
Well plugged with surface string cement and with blocker line & valve & surface.  
10-3/4", 25.75' & 368' with 200 sz (also.)  
5-1/2", 25.3' & 4273' with 1200 sz (also.)

RECOMMENDATION: REPAIR TO OTO  
Mr. J. A. Orin  
Mr. L. R. Shearer  
Mr. R. V. Kitley  
Mr. P. A. Steele  
Mr. J. C. Webb

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 ORIGINAL  
Position SIGNED BY: B. C. HOWARD  
Company Asst. Asst.  
THE OTO OIL COMPANY