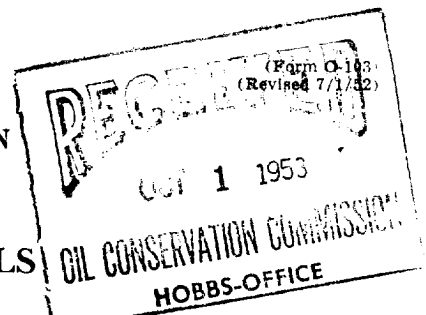


NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 shut-off, 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 Temperature (Other) Survey and Bradenhead Check	X

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)

State A-33
(Lease)

(Contractor)

Well No. 4 in the NW 1/4 SE 1/4 of Sec. 33

T. 18, R. 30, NMPM., Hobbs Pool, Lea County.

The Dates of this work were as follows: 9-2-53

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, 1255 psi, Results of pressure survey reported on form C-124.

Bradenhead Check: Tubing pressure 800 psi, 7" casing pressure 1100 psi, 9 5/8" casing pressure 1100 psi, and 16" casing pressure 9 psi. Opened bradenhead, and 7" casing pressure dropped to 700 psi. Oil started flowing from 9 5/8" casing in 15 minutes. Pressure equalized when 9 5/8" was closed.

Witnessed by _____
(Name) (Company) (Title)

Approved: _____
OIL CONSERVATION COMMISSION

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.

(Title)

(Date)