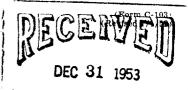
## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



## MISCELLANEOUS REPORTS ON WELLS

GIL CONSERVATION COMMISSION

MOBBS-OFFICE

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.

instructions in the Rules and Regulation		lough the work was withe	asset by an agent of the	Commission. See a	adition
	Indicate Natur	e of Report by Checking	Below		
		ON RESULT OF TEST G SHUT-OFF	REPORT ON REPAIRING V	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL	REPORT C OPERATIO	ON RECOMPLETION ON	REPORT ON (Other <b>Hobbs</b>	Special Fool Survey	x
		12-28-53 (Date)		Hobbs N.H.	
Following is a report on the work	done and the results	,,	ng noted above at the	(Flace)	
Gulf Oil Corp.		W. D. (Esst) Origos			
(company of op		, Well No2	(Lease)		33
T. 13-5, R. 38-E., NMPM.,					
The Dates of this work were as folows:	10-3-53 to	10-12-53			
Notice of intention to do the work (			(С		19
and approval of the proposed plan (			(Cross out incorrect word	15)	
Observed Pressures - 10-2	A Company of the Comp	WORK DONE AND RE			
13-3/8" - 0 ped 9-5/3" - 175 ped	<b>522</b>		pst		
7" - 950 pai			5 pad. O pad.		
Bled 9-5/8" pressure - 10	-12-53. Well	flowed water for	1-1/2 hours the	went on gas	le
Water contained 24,000 pp Will flow 9-5/8" again ar	m chloride. S ri obtein samp	ample of gas for de of gas.	analysis was not	obtained.	
	_	_			
N. G. Hallm			W-75 m		
Witnessed by (Name)	eur u	(Company)	Well Tester &	(Title)	) An
Approved:	OMMISSION		that the information given	n above is true and c	omplete
JA JONSERVATION C	UMINITESTON	to the best of m	iy knowledge. Istinal Siemai er		

Position....... Representing.

Address...

(Date)

(Title)

Hobbe, N.M.