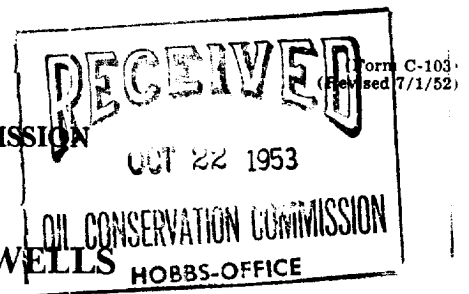


NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico



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 (Other)	
				Setting liner	x

October 21, 1953
(Date)

Hobbs, New Mexico
(Place)

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

Continental Oil Company
(Company or Operator)

W. D. Grimes
(Lease)

(Contractor)

, Well No. 2 in the SW 1/4 SE 1/4 of Sec. 20

T. 15S, R. 38E, NMPM, Hobbs Pool, Lea County.

The Dates of this work were as follows: Started 9-25-53; Completed 10-9-53; Tested 10-9-53

Notice of intention to do the work (was) ~~was not~~ submitted on Form C-102 on September 23, 1953
(Cross out incorrect words)

and approval of the proposed plan (was) ~~was not~~ obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Repaired hole in 7" casing at 382' by squeezing 175 sacks of 4% Gel cement under 1200# and then tested casing with 1400# pressure. Tested O.K.

Deepened well from 4217' to 4278'. Set 5" OD liner at 4276' and cemented with 100 sacks. Drilled out cement to 4275'. Perforated the intervals 4247'-4258' and 4268'-4276'. The well flowed an IP of 440 barrels oil, no water, and 3.5 MCF of gas per day. COR 2541; TP 200#; CP 0#; Packer set at 4009'.

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 _____

Position _____

Representing _____

Address _____

(Title)

(Date)