NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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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 Belo)W	
REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON RESULT O OF CASING SHUT-OFF	F TEST	REPORT ON REPAIRING WELL	
REPORT ON RESULT OF PLUGGING WELL	x	REPORT ON RECOMPLE OPERATION	TION	REPORT ON (Other)	
		February 16	, 1954	Hobbs, New Mexico	
Following is a report on the	ne work done a	and the results obtained under	the heading no	(Place)	
		ıy		State AF	
(00111)			(Lease)		
				in the SE 1/4 NE 1/4 of Sec	
T. 17-S , R. 35-E , NMPN	M., Wildes	it	Pool, L	c a	County.
The Dates of this work were as fo	olows: Febr	uary 10, 1954	to Feb	ruary 12, 1954 Inclusive	
and approval of the proposed pla	m (mas) files	(L) 1	on. 5-4-((Cross out incorrect words)	19 .24 .,
and approval of the proposed pla					
Plugging was complet	ed on Febr	CCOUNT OF WORK DONE	AND RESUL	rs obtained gs set at the following in	
DEPTHS		CEMENT	oomeno pru	gs set at the lollowing i	itervals:
13000 - 12585' 10457 - 10130' 6955' -6690' 4945 - 4885' 620 - 590'	150 sx. \(\neq 50 \) sx. sand 150 sx. \(\neq 20 \) sx. sand 25 sx. 20 sx.		All intervals were filled with heavily mud laden fluid. Approximately 620' of 9-5/8" cosing was pulled A 4" pipe marker was set to extend 4 above		
Surface -	10 ax	•• :	ground leve surface rea terrain. A	el. Pits will be filled an stored to conform with sur supplemental report will work is completed.	nd ground
Witnessed by T. J. Thig)en Name)	Sta nolind Oi (Compa	l a nd Gas (Company Farm Boss (Title)	••••••
OIL CONSERVAT	TION COMMI	SSION I her to th	cby certify that i	the information given above is true and envelope.	omplete
11/4 Clon	Name)	Name Posit	/ / /	Henmon	
	,			Superintendent Cas Company	
(Title)	······································	(Date) Ad	dressBox.	68, Hobbs, N. M.	