

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

Submit this report in triplicate to the Oil Conservation Commission District Office within ten days after the work specified is completed. It should be signed and filed as a report on beginning drilling operations, results of shooting well, results of test of casing shut off, result of plugging of well, 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 REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

January 19, 1952

Monument, New Mexico

Date

Place

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

Amerada Petroleum Corporation **J. R. Phillips** Well No. **8** in the
 Company or Operator Lease
SW/4, NE/4 of Sec **1**, T **20-S**, R **36-E**, N. M. P. M.,
Monument-Blinsbry Pool **Lea** County.

The dates of this work were as follows:.....

January 17, 1952

Notice of intention to do the work was (~~XXXX~~) submitted on Form C-102 on **January 18, 1952**, 19.....
 and approval of the proposed plan was (~~XXXX~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

260' - Total Depth - Red Bed. Found top of cement at 245' and tested casing with 800# for 1/2 hour - no pressure drop. Drilled out cement plug and tested casing with 800# for 1/2 hour - no pressure drop. Started drilling formation and 12-1/4" hole at 4:30 AM, 1/17/52.

Witnessed by **D. F. Purse** **Amerada Petroleum Corporation** **Foreman**
 Name Company Title

APPROVED:
 OIL CONSERVATION COMMISSION

Ray Yuckrough
 Name
 Title

Date

19.

I hereby swear or affirm that the information given above is true and correct.

Name *Dr. T. M.*
 Position **Assistant District Superintendent**
 Representing **Amerada Petroleum Corporation**
 Company or Operator
 Address **Drawer D, Monument, New Mexico**