

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) Acidizing	X

Hobbs, New Mexico

October 15, 1952

(Date)

(Place)

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

Andersen-Prichard Oil Corporation

(Company or Operator)

State

(Lease)

(Contractor)

Well No. **1** in the **SW** $\frac{1}{4}$ **NW** $\frac{1}{4}$ of Sec. **2**

T. **20S**, R. **36E**, NMPM, **Monument** Pool, **Lea** County.

The Dates of this work were as follows: **October 14, 1952**

Notice of intention to do the work (was) (~~was not~~) submitted on Form C-102 on **October 14**, 19 **52**,
(Cross out incorrect words)
and approval of the proposed plan (was) (~~was not~~) obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Acidized well with 500 gallons 15% regular acid through 2-7/8" OD tubing. No noticeable increase in oil production. Now testing.

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

Approved: **OIL CONSERVATION COMMISSION**

NOY ZURKHAUGH
(Name)
(Title) (Date)

I hereby certify that the information given above is true and complete to the best of my knowledge.

Name **M. L. Engelman**
Position **District Engineer**
Representing **Andersen-Prichard Oil Corporation**
Address **Box 2197, Hobbs, New Mexico**