

## NEW MEXICO OIL CONSERVATION COMMISSION

DUPLICATE

## MISCELLANEOUS REPORTS ON WELLS

RECEIVED

Submit this report in duplicate 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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

September 12, 1952

Date

Midland, Texas

Place

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

The Texas Company

Company or Operator

J. R. Phillips

Lease

Well No. 9

in the

NE 1/4 NW 1/4

of Sec. 6

T. 20-S

R. 37-E

N. M. P. M.,

Monument-Blinbry

Pool

Lea

County.

The dates of this work were as follows: See below

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

## DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

## TD-325-Red Bed

This well was spudded at 2:00 pm September 8, 1952.  
 Ran and Cemented 11 jts. 303' of 13 3/8" casing at 323' with 325 sacks.  
 Cement circulated. Completed 7:45 am 9-9-52.

Commenced drilling cement plug at 8:00 am 9-10-52. Tested casing by pressure method before and after drilling. Tested okay.

Witnessed by.....  
 Name Company Title

APPROVED:  
 OIL CONSERVATION COMMISSION

*Ray Yarbrough*  
 Oil & Gas Inspector  
 Name Title

Date

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

Name

Position Asst. Dist. Supt.

Representing The Texas Company  
 Company or Operator

Address Box 1270, Midland, Texas